INSPECTOR'S MULTI-MEDIA CHECKLIST

Facility Name: John Hassal Inc.

Facility Address: 609-1 Cantiague Rock Rd.

Facility ID No.: NYD 002 045 417

Inspector's Name: Marianna Dominguez/Tom Prol

Inspector's Phone: (212) 637-4154 **Division/Branch:** DECA/RCB/HWCS

Date of Inspection: 7/11/97

Form Revised 1/24/95

INSPECTORS' MULTI-MEDIA CHECKLIST

GENERAL VISUAL CUES OF POSSIBLE NONCOMPLIANCE WARRANTING FURTHER INQUIRY

1. Sloppy housekeeping or poor maintenance in work and storage areas or laboratories.

2. Stains or discoloration of soil, concrete, or floors in work areas.

3. Distressed vegetation - unhealthy, discolored, or dead.

4. Dark smoke or dust clouds, or smoke coming from other than a smoke stack.

5. Unusual odors or strong chemical smells.

6. Sheen on surface waters.

CHECK IT OUT!

1. If you see or hear something suspicious during an inspection, check it out! Ask probing questions:

   - What is it? Is it a waste product?
   - What process produced it?
   - Has it been tested?
   - Where do you normally dispose of it?
   - Do you have a permit for the disposal?
   - How long has the circumstance existed?
   - When did it begin?

2. Pay attention to the situation.

   - Note amount of pollutant that appears to be involved.
   - Note the location.
   - Take notes describing the situation, noting the source of the pollutant and its emission point.
   - Take photographs.

PROGRAM-SPECIFIC QUESTIONS

Refer to program-specific questions in Attachment A appropriate for the facility you are inspecting.

REPORTING POSSIBLE NONCOMPLIANCE

Throughout this checklist, there are YES/NO questions. If you place an answer in a field marked with an asterisk (*), this means you should promptly refer the matter to the appropriate Region II program office. After you return from your inspection, immediately let your supervisor know that you observed possible noncompliance in another program area during your inspection. The information should then be referred to the appropriate Section Chief listed on Attachment B.

ATTACHMENT A - FOLLOW-UP QUESTIONS

RCRA

If the facility has a RCRA permit or "interim status" as a treatment, storage or disposal facility (TSDF), do not complete this form but enter the facility's EPA ID number here _____.

Ask:

1. A. Has the facility determined that it generates hazardous waste? ___YES ___NO

   If NO, skip Questions 2 to 8 and go to Question 9. If YES continue:

   B. If the facility generates or transports hazardous waste, what is its EPA ID Number? _____

   [If the facility cannot produce an ID Number, *REFER*.]

2. A. Are there containers or tanks which hold hazardous waste? ___YES ___NO

   If NO, go to Question # 3. If YES, continue:

   B. Are the containers and/or tanks clearly marked with the words "Hazardous Waste," and are they marked with the accumulation start date? ___YES ___NO*

   C. Do hazardous waste storage tanks have secondary containment systems (i.e., berm, vault, double wall tank)? ___YES ___NO*

   D. Does the facility store hazardous waste in containers or tanks for longer than 90 days? ___YES* ___NO

3. Does the facility store, treat or dispose of hazardous waste in lagoons, pits, piles or landfills? ___YES* ___NO

4. Does the facility treat hazardous waste by incineration, precipitation, neutralization or other means to change the physical or chemical nature of the waste? ___YES* ___NO

5. Does the facility accept hazardous waste for treatment, storage or disposal from off-site locations (including off-site facilities owned by the same company)? ___YES* ___NO

6. Does the facility maintain copies of hazardous waste manifests on-site? ___YES ___NO*

REFER to program office if you check an answer marked with *.

RCRA, Continued

7. Are there any indications that hazardous waste storage or treatment units (i.e., containers or tanks) are poorly maintained and may cause the release of hazardous waste to the environment?
___YES* ___NO

8. Are there any indications that chemicals or wastes have been discharged to the environment through improper handling, leaks, spills, dumping or other discharges?
___YES* ___NO

9. A. Does the facility claim to generate non-hazardous process wastes (i.e., excluding office paper wastes, cafeteria wastes, etc.)?
___YES* ___NO

If NO, go to Question 10. If YES continue:

B. What type of non-hazardous wastes does the facility handle? (E.g., treatment sludges, ash, solvents, waste oils, etc.)

_____
_____
_____

C. Very briefly describe the process(es) that generate the wastes in Question 9B.

_____
_____
_____

10. Are there any indications that waste generation, handling, management or disposal practices have resulted in environmental damage or pose the threat of such damage?
___YES* ___NO

RADIATION

Ask:

1. Are any radioactive materials used or stored at this facility?
___YES ___NO

2. If YES, does the facility have a state or federal radiation license?
___YES ___NO*

REFER to program office if you check an answer marked with *.

UNDERGROUND STORAGE TANKS (UST)

Ask:

1. Does the facility have regulated USTs? ___YES ___NO

   [A regulated UST has more than 10% of tank volume, including piping, located underground; and contains petroleum products or hazardous substances (as defined under CERCLA). Note: USTs containing fuel oil for on-site heating are exempt from UST requirements.]

If YES, ask:

2. Are the USTs registered with the State? ___YES ___NO*

3. What kind of petroleum product or hazardous substance does UST contain? _____

4. Is there any evidence of UST leakage/spillage? ___YES* ___NO

5. When was the UST installed? _____

6. All USTs must have leak detection according to the following schedule:

Installation Date	Leak Detection By December of--
Before 1965 or unknown	1989
1965 - 1969	1990
1970 - 1974	1991
1975 - 1979	1992
1980 - Dec. 1988	1993

   All USTs installed after December 1988 must currently be equipped with leak detection.

   Leak detection systems include monitoring wells (water or vapor), automatic tank gauging system, interstitial monitoring, manual tank gauging or inventory control plus tank tightness testing.

7. Is some form of leak detection in use for every UST required (based on above schedule) to have it? ___YES ___NO*

8. Are required records available on-site (e.g., documenting registration and leak detection)? ___YES ___NO*

REFER to program office if you check an answer marked with *.

AIR

Stationary Source Compliance

1. With sun **BEHIND** you, observe: Is opaque smoke being emitted from a smokestack, vent or opening? ___YES* __X__NO

   ["Opaque smoke" is smoke -- **not steam** -- dark enough to obscure anything behind the plume for five minutes or more. (Steam dissipates at a given point; smoke trails off.) The sun (if not obscured by clouds) should be in a 140° arc behind the observer. Please note whether sun was obscured; if sun was not obscured, note the relative positions of the sun, the observer and the emission point observed.]

2. If YES, ask:

   A. Which process or process line is smoke coming from? (Try to be specific, e.g, "Boiler No. 4" or "Coating Line C").
   _____

   B. What is the cause of the smoke emission? E.g.--

      i. Is any air pollution control equipment out of service or turned off while production is ongoing? ___YES ___NO

      ii. If YES: When will it be back on line? _____

      iii. Is the facility operating under an unusual load, using different fuels, or process feed materials? ___YES ___NO

   C. Note color of smoke: _____

3. A. Has the facility added any processes or expanded any pre-existing processes in the last two years? ___YES __X__NO

   B. If YES: Did the facility obtain any state or federal air pollution permits for the expansion? ___YES ___NO*

4. A. Does the facility have any coating or printing operations? ___YES __X__NO

   B. If YES:

      ii. Are the coatings or inks used: ____water-based or ____solvent-based?

      i. If solvent based, are all process lines controlled, or are coating formulations in use which comply with applicable limits? ___YES ___NO*

      iii. What are the principal solvents or chemical compounds used in process lines? _____
      (Ask for copies of MSDS, if available.)

REFER to program office if you check an answer marked with *.

Air Permits for Gas boilers

Air Permits for Emissions from Baking Oven

AIR, Continued

5. Observe: Are there strong solvent odors at the facility? ___YES X NO

7. Does the facility emit any of the following pollutants: mercury, beryllium, lead or asbestos? ___YES* X NO

8. A. Does the facility emit, or use in its processes, vinyl chloride or benzene? ___YES* X NO

   B. If YES:

      i. From which process lines?. _____

      ii. Does the facility check for leaks on such process equipment? ___YES ___NO*

9. A. Has the facility undergone any renovations or demolitions during the last 18 months which involved the removal or disturbance of asbestos-containing materials? ___YES X NO

   If YES:

   B. Approximately how many square feet or linear feet of asbestos-containing materials were removed? _____

   C. If the amount exceeded 260 linear feet, or 160 square feet, *REFER* to Air program office; and Ask: was EPA notified of removal? ___YES ___NO*

CFC MULTI-MEDIA CHECKLIST QUESTIONS

Motor Vehicle Air Conditioning Recovery/Recycling Compliance Program

1. A. Does the facility perform servicing for motor vehicle air conditioners? ____YES X NO

   B. If YES:

      i. Does facility have Recover/Recycle or Recovery only equipment? ____YES ____NO*

Prohibition on venting

2. A. Does the facility have any air conditioning/ refrigeration equipment or industrial compressors, which their employees perform service on (i.e. maintaining, servicing, repairing, or disposing of equipment) involving the refrigerant? ____YES X NO

   B. If YES:
      i. Does facility have Recovery/Recycle or Recovery only equipment? ____YES ____NO*

REFER to program office if you check an answer marked with *.

WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) And PRE-TREATMENT/UNDERGROUND INJECTION CONTROL (UIC)

1. **Observe/Ask:** Does the facility dispose of any wastewater (e.g., from its manufacturing processes, wash water or other industrial wastes)? X YES ___NO

2. **If yes:** Does the facility discharge wastewater into a--

   - receiving stream? ___YES ___NO
   - municipal sewer (sanitary or storm) system? X YES ___NO
   - subsurface disposal system (septic system, drywell or cesspool)? ___YES ___NO

   As applicable, ascertain the name of the stream or sewer system. Cedar Creek system

3. An NPDES permit is required for discharge to a waterbody; a pretreatment permit is usually issued by the municipality authorizing the discharge to a sanitary sewer system; and a UIC permit is required for subsurface disposal. Does the facility have a permit for each discharge? ✓ YES ___NO*

4. Does the facility treat wastewater prior to discharge? X YES ___NO

5. **Observe:**

   a. Is the effluent from the wastewater treatment facilities clear and free of solids? ___YES ___NO*

   b. Is equipment clean and well maintained? ___YES ___NO*

   c. Are there any unusual odors? ___YES* ___NO

6. **Ask:** Is the effluent currently in compliance with the limitations established in the permit, or the terms of an administrative or judicial compliance order? ___YES ___NO*

7. **Observe/Ask:**

   a. How are waste fluids disposed of?

   b. Does the facility have floor or storm drains? ___YES X NO

REFER to program office if you check an answer marked with *.

NPDES and UIC, Continued

If YES:

Is there fluid in the drains? Is there evidence (staining, etc.) of fluid entering drains? Are storm drains situated so that they could receive spills from truck loading accidents, etc?

c. Does the facility operator indicate, or is there any evidence that any wastewater, or wastes/spills go into drains?
___YES* ___NO

B. STORM WATER

1. Are there catch basins, drains, culverts, ditches, etc. on the property intended to convey storm water. X/NO If yes ---
a) Is the storm water conveyed to a (1) treatment facility, (2) combined sewer, (3) separate storm sewer, or (4) surface water?
(3) Separate storm sewer? or Groundwater - don't Know

2. Are the storm water discharges covered by a permit or has the discharger applied for a permit? NO

3. Are materials stored outside? No If yes ----
a) Are materials (1) stored in sealed containers, under tarps or roofs, or (2) are they open to contact with precipitation?
(b) Are outside material handling/storage areas clean and kept in a manner to prevent contamination of runoff? .

PUBLIC WATER SUPPLY

1. Observe/Ask: Does the facility have its own water supply (i.e., a well)?
___YES X NO

2. If YES: Does the facility provide potable water for 25 or more persons?
___YES ___NO

3. If YES: Is the facility sampling and analyzing for contaminants in its water supply and reporting the results to the state?
___YES ___NO*

Jerico Water District

REFER to program office if you check an answer marked with *.

EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)

EMERGENCY PLANNING and COMMUNITY RIGHT TO KNOW

ASK:

1. A. Does the facility have present any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities? ___YES X NO

   [Threshold planning quantities are established by regulation, vary by chemical, and range from 1 lb. to 5000 lbs.]

   B. If YES: Was the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of their presence for local planning purposes? ___YES ___NO*

2. A. Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity? ___YES* X NO

   [Reportable quantities vary by substance, ranging from 1 lb. to 5000 lbs. For the purpose of this checklist, assume 1 lb.]

   B. If YES: Was notification of the release provided? ___YES ___NO*

   C. If YES:

   i. To whom was the notification given?

   ii. Was notification oral or written?

   iii. If oral, was a written, follow-up report submitted? ___YES ___NO*

   [If facility cannot identify to whom notification was given, cannot specify whether notification was written or oral, or is not certain whether oral notification was followed by a written follow-up report, *REFER*.]

3. A. Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? X YES ___NO*

   B. If any hazardous chemicals are present in excess of 10,000 lbs., or Extremely Hazardous Substances are present in excess of the threshold planning quantities, have the MSDS (or a list of MSDS), along with chemical inventory forms, been submitted to state and local emergency planning authorities and the local fire department? NA ___YES ___NO*

REFER to program office if you check an answer marked with *.

EPCRA, Continued

TOXIC RELEASE INVENTORY (TRI)

Ask:

1. Does the facility have 10 or more full-time employees? X YES ___NO

2. Is the facility classified under SIC codes 20 through 39? X YES ___NO

   If the response to either 1. or 2. is "NO," no further questions are required.

3. **If both 1. and 2. are YES:**

   Did the facility use more than 10,000 lbs. of a chemical during a previous calendar year (starting with 1987). X YES ___NO

4. **If YES:**

   Did the facility file a Section 313 Toxic Chemical Release Inventory Form R for the chemical? X YES ___NO*

For more EPCRA information, call 1-800-535-0202; or the Region II program offices for EPCRA-Emergency Planning and Community Right To Know at 908-321-6194 or for EPCRA-Toxic Release Inventory at 908-906-6890.

REFER to program office if you check an answer marked with *.

TOXIC SUBSTANCES CONTROL ACT (TSCA)

Ask:

1. A. Does the facility use electrical equipment that contains polychlorinated biphenyls (PCBs) (excluding small capacitors and florescent light ballasts)? ___YES* X NO

   B. **IF YES:**

   i. How many oil filled electrical transformers does the facility have?

   ii. How many PCB Transformers does the facility have (transformers which contain PCBs at concentrations of 500 ppm or greater)?

2. A. Does the facility have any high temperature hydraulic systems? ___YES X NO

   B. **If YES:**

   i. Have PCBs ever been used in these systems? ___YES* ___NO

   ii. What is the current PCB concentration in these systems?

3. A. Does the facility have any oil filled heat transfer systems? ___YES X NO

   B. **If YES:**

   i. Have PCBs ever been used in these systems? ___YES* ___NO

   ii. What is the current PCB concentration in these systems?

4. A. OBSERVE PCB Items (transformers, capacitors, containers)

   - Are any leaking? ___YES* ___NO
   - Do all have a PCB label? ___YES ___NO*

5. A. ASK: Does the facility have a PCB storage for disposal area? ___YES* X NO

   B. If YES, OBSERVE the PCB storage area. Does it have --

   - PCBs stored for disposal in it? ___YES* ___NO
   - a roof and walls to keep out rain? ___YES ___NO*
   - a 6" high impervious containment berm? ___YES ___NO*
   - a PCB label? ___YES ___NO*
   - Is it in the 100-year flood plain? ___YES* ___NO
   - Do all items show the date "removed from service for disposal"? ___YES ___NO*

REFER to program office if you check an answer marked with *.

TSCA, Continued

6. **ASK:** Does the facility manufacture or import into the United States "new commercial chemicals" [i.e., chemicals which were not previously manufactured in or imported into the United States]?

___YES* X NO

[Note: Specific information on such chemicals is protected by TSCA as Confidential Business Information, and should not be obtained.]

For further TSCA information, call the TSCA Assistance Office in Washington at 202-554-1404 or the Region II TSCA program office at 908-321-6759.

SPILL PREVENTION, CONTROL AND COUNTERMEASURE (SPCC)

40 CFR Part 112.1-112.7

Ask:

1. A. Does the facility store oil? WASTE OIL INTO 55-gallon containers ___YES X NO

[Note: Oil is not limited to petroleum oil; for example, vegetable oil and transformer oil are regulated oils.]

B. **If YES,** does the storage capacity exceed --

i. 660 gallons in any one above-ground tank? ___YES* ___NO
ii. 1320 gallons in all above-ground tanks? ___YES* ___NO
WRONG → iii. 42,000 gallons in underground tank(s)? ___YES* ___NO

2. If the answer to any part of #1. B. was **YES,** did the facility show you a copy, or have available a Spill Prevention, Control, and Countermeasure (SPCC) Plan?

___YES ___NO*

3. Did the facility have an oil spill within the last 12 months?

___YES* ___NO

Facility Response Plan (FRP)

40 CFR Part 112

1) Does the facility have an oil storage capacity that is greater than or equal to 42,000 gallons and conduct operations that include over-water transfers of oil to or from vessels?

___ Yes* X No

REFER to program office if you check an answer marked with *.

Certified Waste Oil from Garden City

2) Does the facility have an oil storage capacity greater than or equal to one million gallons?

___ Yes* ___ No

3) Did the facility submit a Facility Response Plan to the EPA?

___ Yes ___ No

WETLANDS

1. Observe:

   A. Are there any wet areas (i.e., marshes, swamps, bogs) on or adjacent to the site, with or without wetlands-type vegetation such as cattails, rushes, or sedges? ___YES X NO

   [Sketches of several common wetlands plants are attached. Note that there need not be standing water in order for an area to be designated a federal wetland; and some wetlands have shrubs and trees present.]

   B. Are there any waterbodies or waterways on or adjacent to the site? ___YES X NO

2. If answer to # 1. A or B was "YES," is there any work (clearing, filling, dredging, ditching, construction on or over the area, etc.) being conducted in these areas, or is there any evidence that such activities have occurred very recently? ___YES ___NO

3. If YES:

   A. When was the work undertaken? _____

   B. Does the facility have any permits for this work? ___YES ___NO*

4. If YES:

   A. What agency(s) issued such permits? _____ (E.g., U.S. Army Corps of Engineers; State environmental agency.)

   B. For any federal permits, what specific type of permits are they (i.e., nationwide, regional, individual)? _____

   _____

If facility is unable to provide adequate information in response to # 4., *REFER* to program office.

REFER to program office if you check an answer marked with *.

FEDERAL INSECTICIDE, FUNGICIDE AND RODENTICIDE ACT

FIFRA

If the inspection is conducted at a manufacturing facility, ask the following:

1. A. Are there any pesticides manufactured, relabeled, or repackaged at this establishment?

___ YES ___ NO

(Pesticide is (1) any substance or mixture of substances intended for preventing, destroying, repelling, or mitigating any pest, or (2) any substance or mixture of substances intended for use as a plant regulator, defoliant, or desiccant.)

B. If YES, continue:

Does the establishment have an EPA Establishment Number? (EPA EST. #)

___ YES ___ NO*

(Section 7 of FIFRA requires all establishments producing, relabeling and/or repackaging pesticides be registered with EPA.)

C. If Yes, enter the Establishment Number here _____ and continue:

D. Has the company filed the Annual Pesticide Production Report form?

___ YES ___ NO*

(Report is due on March 2 of each year for the previous year's production.)

If the inspection is conducted at a storage-distribution facility or a retail facility, ask the following:

2. A. Are there any pesticides being held for sale, distribution, or stored at this facility (warehouse)?

___ YES ___ NO

B. If YES, continue:

Are there any restricted use pesticides stored, or held for distribution, sale at this facility?

___ YES ___ NO

C. Are there any containers leaking?

___ YES* ___ NO

D. Are pesticides stored next to strong acids, mineral acids, caustic and/or oxidizing materials?

___ YES* ___ NO

If the inspection is conducted at a site where there is a suspicion/indication that pesticides were not properly used, observe and record any visible adverse effects such as human adverse reaction(s), fish kill, dead birds, dead wildlife, plant damage, etc, and ask the following:

3. A. Have pesticides been applied by you (or by an employee of your company or by a pesticide application company?

___ YES* X NO

B. If YES, continue obtaining the following information:

- Date of application,
- Name of pesticide applied,
- Name of pesticide applicator company (if applicable) or person in your company who made the application,
- Address and/or phone number of pesticide applicator company (if applicable),
- Type of health complaints from employee (if applicable),
- Contact person for follow-up.

REFER to Program Office if you check an answer marked with *.

CRIMINAL ACTS

During the course of this inspection, has anything been brought to your attention which would indicate the following:

1. Is the facility involved in deliberate acts of dumping or discharging wastes?

   _____ Yes* __X__ No

2. Is there any evidence of bad intent or conduct? For example, falsification or records or efforts to conceal activities?

   _____ Yes* __X__ No

3. Has there been any actual harm to individuals as a result of violations? NA

   _____ Yes* _____ No

4. Other activity or behavior which you believe indicates criminal behavior?

   _____ Yes* __X__ No

Refer to Criminal Investigation Division if you checked Yes.

Attachment B

REGION II MEDIA PROGRAM SECTION CHIEFS (and Alternate Contacts)

RCRA: Joel Golumbek (NJ, Caribbean), 637-4140
John Gorman (NY), 637-4150

AIR (Except Asbestos): (Including CFC) Karl Mangels (NY), 637-4078
Jehuda Menczel (NJ, Caribbean), 637-4045

AIR/ASBESTOS: Robert Fitzpatrick, 637-4042

UST: Dit Fai Cheung, 637-4124

TSCA: Dan Kraft, 908-321-6669
Dave Greenlaw, 908-906-6817

EPCRA: For Toxic Release Inventory: Dan Kraft, 908-321-6669
Nora Lopez, 908-906-6890

For Emergency Planning & Community Right-to-Know:
John Higgins, 908-906-6194

SPCC/FRP: Doug Kodama, 908-906-6905

Federal Facilities: Laura Livingston, 637-3494

NPDES and Pretreatment: John Kushwara, 637-3762

UIC: Frank Brock, 637-3875

Public Water Supply: Robert Williams, 637-3879

Wetlands: Daniel Montella, 637-3801

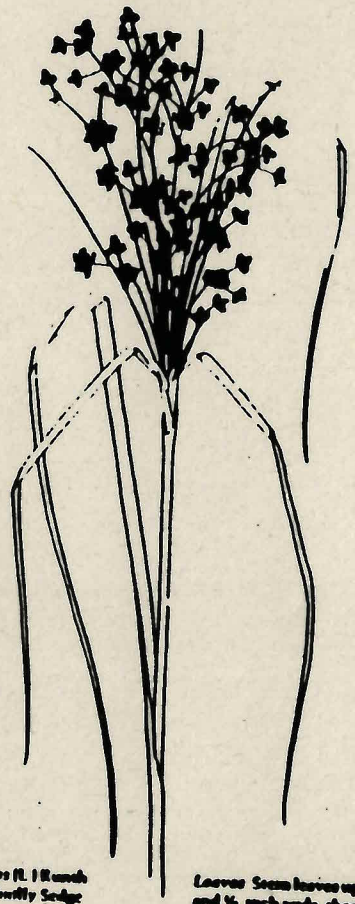
Removal Actions: Richard Salkie, 908-321-6658
Bruce Sprague, 908-321-6656
John Witkowski, 908-321-6991

Radiation: Michael Buccigrossi, 637-4008

FIFRA: Fred Kozak, 908-321-6769

Criminal Investigations Division - William V. Lometti: 637-3634

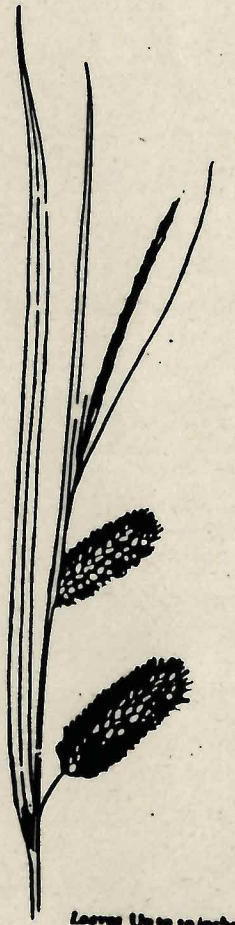
Section Chiefs should contact their appropriate counterpart(s) on the above list concerning potential violations noted on the checklist or otherwise.



Scirpus cyperinus (L.) Kunth
Wool grass or Woolly Sedge

Range Newfoundland to Saskatchewan, south to North Carolina and Oklahoma
Habitat Marshes, wet meadows, and ditches
General characteristics Plants up to 5 feet tall, growing in small groups, stems with long, narrow, rigid leaves, flowers crowded into small, oval, woolly spikelets on loose, drooping clusters at the top of the stem
Stem Upright, bluntly triangular, up to ½ inch thick, from a fibrous rooted base

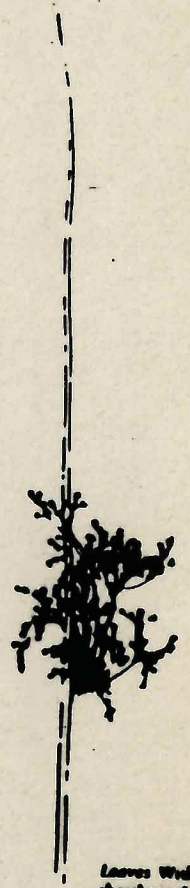
Leaves Stem leaves up to 16 inches long and ½ inch wide, those immediately below the flower clusters three to five, sheaths closed except at summit
Inflorescence Flowers inconspicuous in the axils of the overlapping scales of the brownish spikelets, spikelets in clusters of one to twelve at the ends of long, somewhat drooping branches, flower clusters up to 12 inches long, much-branched, flowering during August-September
Fruit A whitish, seed like nutlet with bristles much longer than the scales attached to the base, the bristles impart the woolly appearance to the spikelets



Carex lurida Wahlenb
Sedge

Range Nova Scotia to Minnesota, south to Florida and Mexico
Habitat Wet meadows, marshes, ditches, edges of ponds and ponds
General characteristics Plants up to 3 feet tall, generally growing in dense clumps, stems bearing several long, narrow leaves with rough surfaces, male and female flowers in separate spikes, the latter in the axils of the uppermost leaves
Stem Sharply three angled and smooth, from a fibrous rooted base

Leaves Up to 10 inches long and ¼ inch wide, those immediately below the flower clusters resembling the stem leaves, leaf sheath with a ligule at the junction of the blade, closed except at summit
Inflorescence Flowers in the axils of scales with long tips and aggregated in spikes, the male spike single, erect at the top of the stem, stem with single female spikes two to four, thick-cylindrical, up to 3½ inches long and ¾ inch thick, ascetic or short-stalked, erect or somewhat drooping, very densely flowered, flowering during June-July
Fruit A brown, seed like nutlet enclosed in an inflated sac (the perigynium)



JUNCUS EFFUSUS
Rush Family
Juncus effusus L.
Soft Rush

Range Throughout southern Canada and the United States
Habitat Wet meadows, marshes, edges of ponds and bogs, shallow water
General characteristics Grass-like plants up to 5 feet tall, apparently leafless, as rounds to all up to several hundred stems, flowers in loose clusters borne on the side of the stem up to one third of the way down from the top
Stem Upright soft and green, finely striate, arising from a stout rhizome hidden among the rosettes

Leaves Without blades, represented by sheaths at the base of the stem
Inflorescence Flowers small and greenish to brown with three scale like pointed sepals and three similar petals, numerous, flower clusters with many forking branches of variable lengths, the flowers at the tops of the smaller branches, flowering during July-August
Fruit A brownish capsule with three partitions containing many seeds
Commonly confused species *Scirpus* spp (Bulrushes), rushes may be distinguished from bulrushes by the fact that the leaves consist of capsules on the lower group and nutlets on the ends of spikelets is also on the lower group

Several Common Wetlands Plants from Freshwater Wetlands: A Guide to Common Indicator Plants of the Northeast, Univ. of Mass. Press, 1981

Limited Detail: 05/27/97

* * * LISTING OF HANDLER IDENTIFICATION DATA * * *

Handler Name / ID / Address	S	O	N	P	Regulated Activities
JOHN HASSAL INC	1	PP			LG
NYD002045417 CANTIAGUE ROCK RD, WESTBURY					

Low Income and Minority Score: Source:

Mail Address: PO BOX 366-CANTIAGUE ROCK RD
WESTBURY NY 11590

NOTIF RECEIPT: 08/14/80 CMNTS:

NOTIF CONTACT: KARL HORLITZ, PLANT MANAGER
(L) CANTIAGUE ROCK RD
WESTBURY NY 11590

PHONE: 516-334-6200

PartA Receipt: 11/19/80 Cmnts: PROTECTIVE FILER

Current Owner: JOHN HASSALL INC

Address: PO BOX 366 CANTIAGUE ROCK RD
WESTBURY NY 11590

Phone: 516/334-6200 SQ: 0001 TYPE: P

Current Operator: JOHN HASSALL, INC.

Address: PO BOX366, CANTIAGUE ROCK RD

Phone: 516/334-6200 SQ: 0002 TYPE: P

* * * * * E N D O F R E P O R T * * * * *

****

Enforcement sensitive information. Official use only. Shred/burn to dispose.

****

* * * COMPLIANCE MONITORING AND ENFORCEMENT REPORT * * *

==========

Handler Name / ID / Address	S	O	N	P	Regulated Activities
JOHN HASSAL INC	1	PP			LG
NYD002045417 CANTIAGUE ROCK RD, WESTBURY					

- - - EVALUATIONS - - - - - - - - - - - - - - - - -

Type	Date	Seq	Staff	Description	Areas Evaluated (Violations Found)
CEI	05/06/88	006	S DEC	COMPLIANCE EVALUATION INS	GER
CEI	09/26/86	005	S DEC	COMPLIANCE EVALUATION INS	GER
NRR	08/26/85	004	S	NON-FINANCIAL RECORD REVI	GER
CEI	08/12/85	003	S DEC	COMPLIANCE EVALUATION INS	GER(0002S)
CEI	03/27/84	001	S	COMPLIANCE EVALUATION INS	GER
FRR	01/31/83	002	E	FINANCIAL RECORD REVIEW	GER(0001E)

- - - VIOLATIONS - - - - - - - - - - Compliance - Latest Enforcement

Area	Date	Seq	Staff	Class	Scheduled	Actual	Type	Date	Num
GER	08/12/85	0002	S	2	12/14/85	12/12/85	120	11/14/85	003S
GER	01/31/83	0001	E	1	02/25/84	02/25/84	310	01/25/84	001E

- - ENFORCEMENT - - - - - - - - - - - - - - - - - - Violations Addressed

Type	Date	Seq	Staff	Attorney	Enforcement Number	Type(Sequence #)
120	11/14/85	003	S DEC			GER(0002S)
310	01/25/84	001	E SSS			GER(0001E)
210	10/07/83	002	E SSS			GER(0001E)

* * * * * E N D O F R E P O R T * * * * *

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤ •NYD002045417

JOHN MASSALL INC
PO BOX 698
WESTBURY L.I. NY 11590

INSTALLATION ADDRESS ➤ CANTIAGUE ROCK ROAD
WESTBURY L I NY 11590

EPA Form 8700-12B (4-80)

11/07/80

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

INSTALLATION'S EPA I.D. NO.: NYD002045417

I. NAME OF INSTALLATION: ~~HASSALL JOHN INC~~

II. INSTALLATION MAILING ADDRESS: ~~PO BOX 698~~ WESTBURY, NY 11590

III. LOCATION OF INSTALLATION: ~~CANTIAGUE ROAD~~ WESTBURY, NY 11590

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F NYD0020454173 T/A 31 C		800814

I. NAME OF INSTALLATION

JOHN HASSALL INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 698

CITY OR TOWN	ST.	ZIP CODE
4 WESTBURY L. I.	NY	11590

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 Cantiague Rock Road

CITY OR TOWN	ST.	ZIP CODE
6 Westbury LI	NY	11590

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 HORLITZ Karl W Plant Manager	516-334-6200

V. OWNERSHIP

DETACH

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 Theodore B SMITH Jr

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: M

F = FEDERAL
M = NON–FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: ~~NY~~ D 00 2 0 45 41 7

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

S													T/A	C
W	N	Y	D	0	0	2	0	4	5	4	1	7	2	1
1	2											13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F007	F008	F009	F010	F012
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
K029					
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- ☐ 1. IGNITABLE (D001)
- ☒ 2. CORROSIVE (D002)
- ☐ 3. REACTIVE (D003)
- ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Karl W. Horlitz Karl W. Horlitz, P.E.	Plant Manager	8/12/80

DETACH

DETACH

DATE RETURNED _____

REASON _____

|__| ACKNOWLEDGEMENT SENT

INTERNAL CHECKLIST ID # NYD002045417

Comp

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING |__|

(2) FORM 3 MISSING |__|

B. POSTMARK after NOVEMBER 19, 1980 |__| Valid |__|

C. (1) DATE of OPERATION MISSING |__|

(2) DATE of OPERATION after NOVEMBER 19, 1980 |__|

D. (1) NON-NOTIFIER ☐
(2) NOTIFIED after AUGUST 18, 1980 |__| Valid |__|

E. (1) FORM 1, XIII B SIGNATURE MISSING |__|

(2) FORM 3, IX B SIGNATURE MISSING |__|

2.
A. HANDLER |__|

B. NONREGULATED |__|

C. UNSURE |__|

D. UNKNOWN FACILITY (missing name and address on Form 3) |__|

E. NEW FACILITY > NOV. 19, 1980 |__|

F. CORE ITEM(S) MISSING |__|

G. NON-CORE ITEM(S) MISSING |__|

H. OTHER |__|

MISSING:
MAP ☐
DRAWING ☐
PHOTO ☐

AOIC

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175 OK

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

NYD002045417 T/A 3 C D

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER: NYD002045417

III. FACILITY NAME: ~~HASSALL JOHN INC~~

V. FACILITY MAILING ADDRESS: ~~PO BOX 628~~ ~~WESTBURY, NY 11590~~

VI. FACILITY LOCATION: ~~CANTIAGUE ROAD~~ ~~WESTBURY, NY 11590~~

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold—faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: JOHN HASSALL, INC.

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 HORLITZ KARL PLANT MANAGER,	516 334 6200

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 PO BOX 366, CANTIAGUE ROCK RD.	4 WESTBURY	NY	11590

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
5 CANTIAGUE ROCK ROAD	NASSAU	6 WESTBURY	NY	11590	

EPA Form 3510-1 (6-80)

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
3452 NAILS, SCREWS AND FASTENERS	(specify)

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: JOHN HASSALL, INC.

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): A 516 334 6200

E. STREET OR P.O. BOX: P.O. BOX 366, CANTIAGUE ROCK RD.

F. CITY OR TOWN: WESTBURY

G. STATE: NY

H. ZIP CODE: 11590

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
N	P

B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
U	NY0076287 (specify) NEW YORK SPDES PERMIT

C. RCRA (Hazardous Wastes)	E. OTHER (specify)
R	(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. F9:A/50

XII. NATURE OF BUSINESS (provide a brief description)

John Hassall, Inc., operates a specialty fastener plant on Cantiague Rock Road in Westbury, L.I., N.Y. The plant manufactures rivets of all types including tubular, solid, shoulder, square and eliptical, and many types of nails such as dating nails, weather stripping, brush and escutcheon pins,nails for the shoe industry and varied threaded parts such as drive screws, annular threaded fasteners, spacers, belt buckle rollers, toy axles, electrical connectors, binding posts, various appliance parts, and parts for the aircraft industry.

F9:A/57

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
MR. THEODORE SMITH PRESIDENT	Theodore R. Smith Jr.	NOVEMBER 19, 1980

COMMENTS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA — EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S													T/A	C
F	N	Y	D	0	0	2	0	4	5	4	1	7	W	1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	53	06	01

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C).*

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below):* A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A	C
C	DUP		1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G	
X-2	T03	20	E	
1	S02	18,500 000	G	
2				
3				
4				

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
5				
6				
7				
8				
9				
10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S8000

EPA I.D. NUMBER (enter from page 1): S W NYD002045417 T/A 3 C 1

FOR OFFICIAL USE ONLY: S W DUP T/A 3 C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F006	470000	T	T01 S02	
2	F006	6000	T	T01 S01	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

(enter "A", "B", "C")

CONTINUE ON REVERSE

inued from the front.

DESCRIPTION OF HAZARDOUS WASTES *(continued)*

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

F6: A/55 F6: A/56

EPA I.D. NO. *(enter from page 1)*

F | N Y D 0 0 2 0 4 5 4 1 7 | T/A: 3 | C: 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
40 46 30	073 33 150

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. *(area code & no.)*

E

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F

G

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
MR. THEODORE SMITH PRESIDENT	Theodore B. Smith	NOVEMBER 19, 1980

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

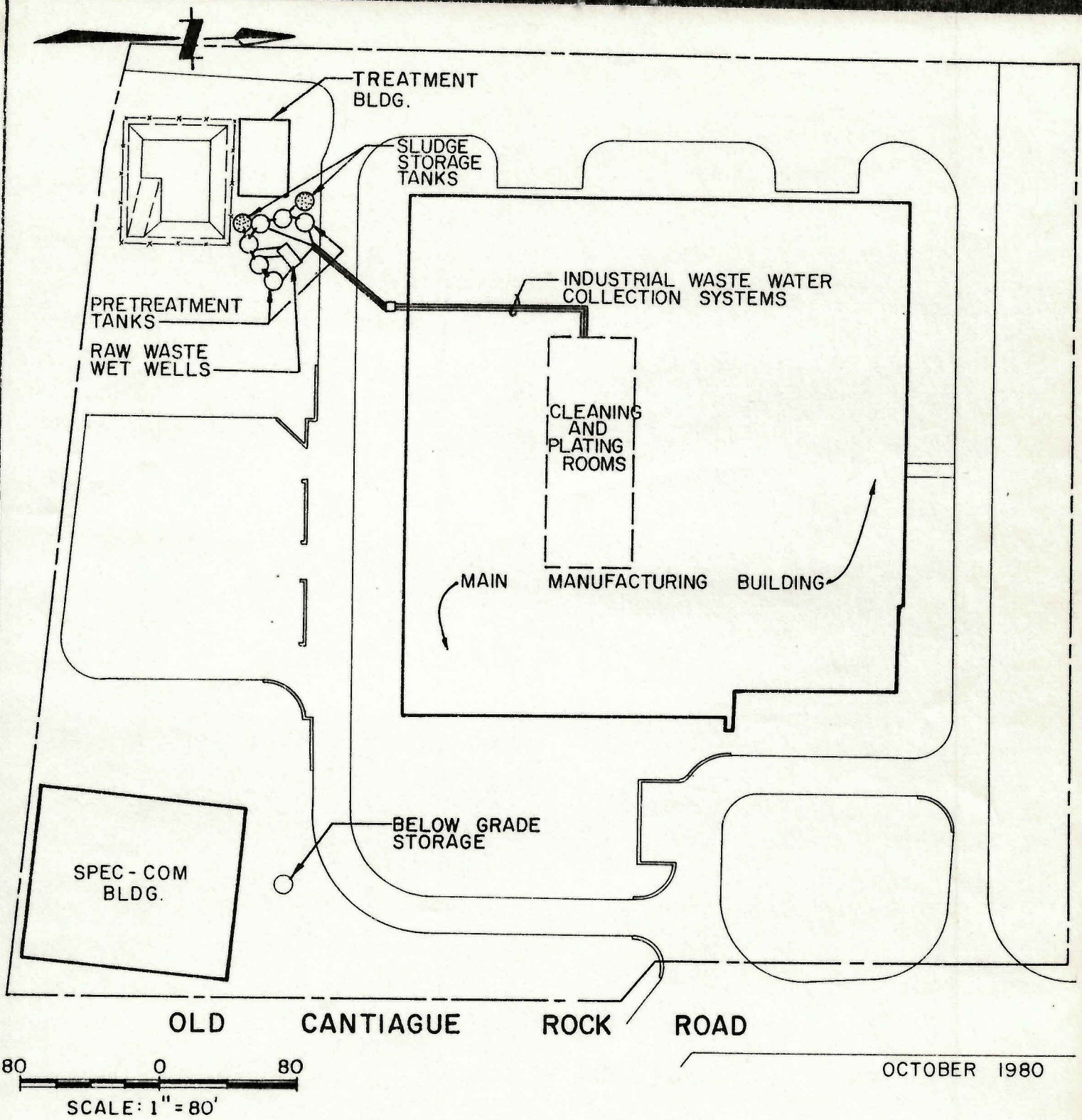
A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
MR. KARL HORLITZ PLANT MANAGER	Karl W. Horlitz	NOVEMBER 19, 1980

CONTINUE ON PAGE 5

NYD002045417 JOHN HASSALL

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*



CHEMICAL FACILITY PLAN

JOHN HASSALL INC.
WESTBURY, NASSAU CO., NEW YORK

EPA I.D. NO. NYD002045417

2000 0 2000

SCALE: 1" = 2000'

USGS - HICKSVILLE QUADRANGLE
7.5 MIN. SERIES

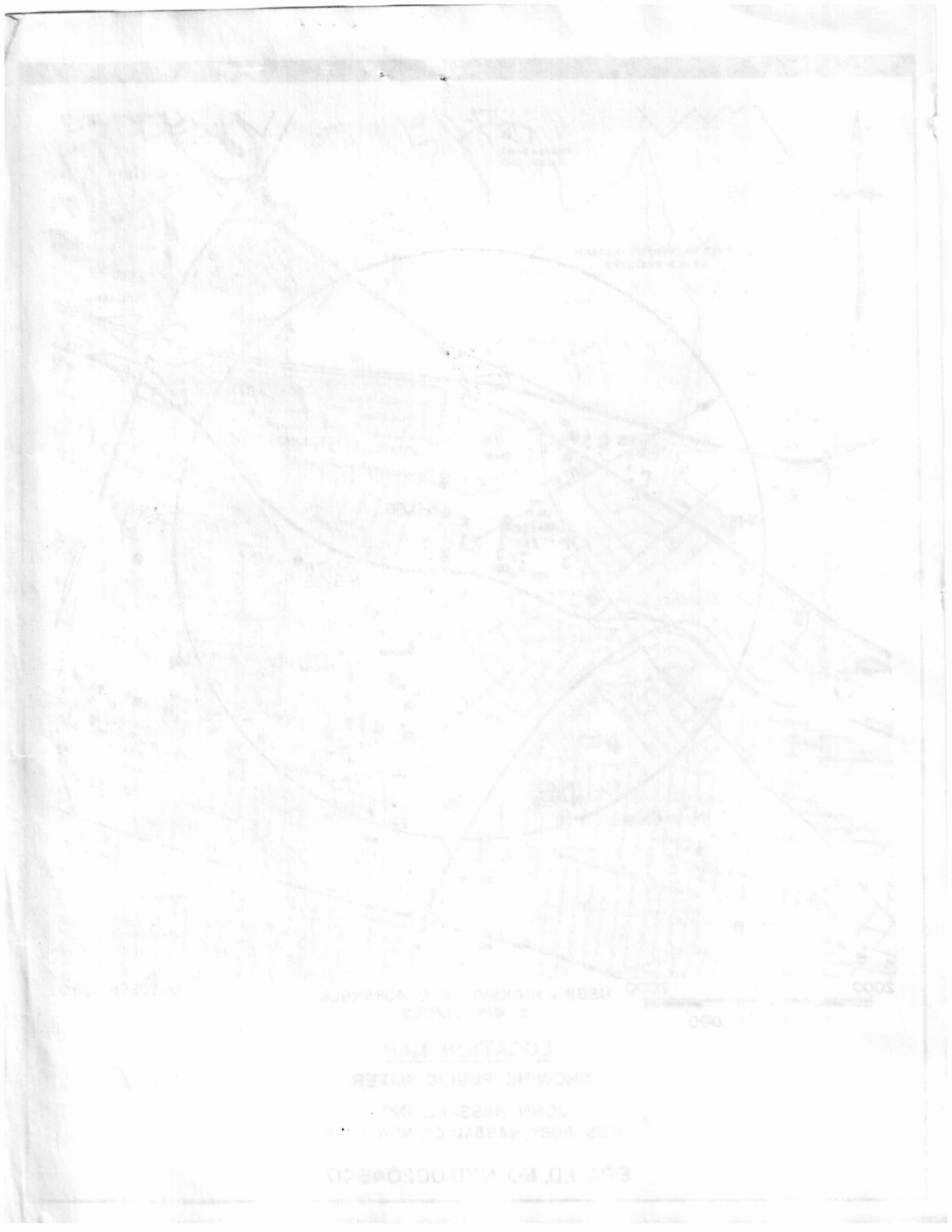
OCTOBER 1980

LOCATION MAP

SHOWING PUBLIC WATER

JOHN HASSALL INC.
WESTBURY, NASSAU CO., NEW YORK

EPA I.D. NO. NYD 002045417

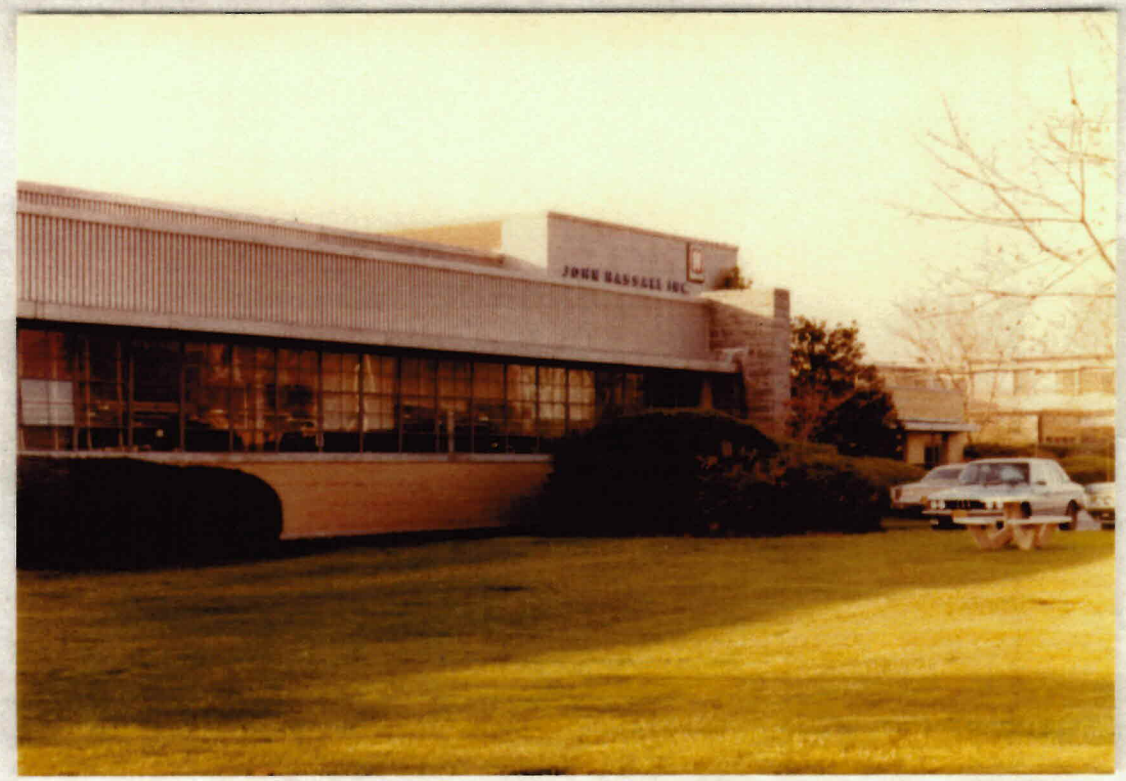


JOHN HASSALL, INC.

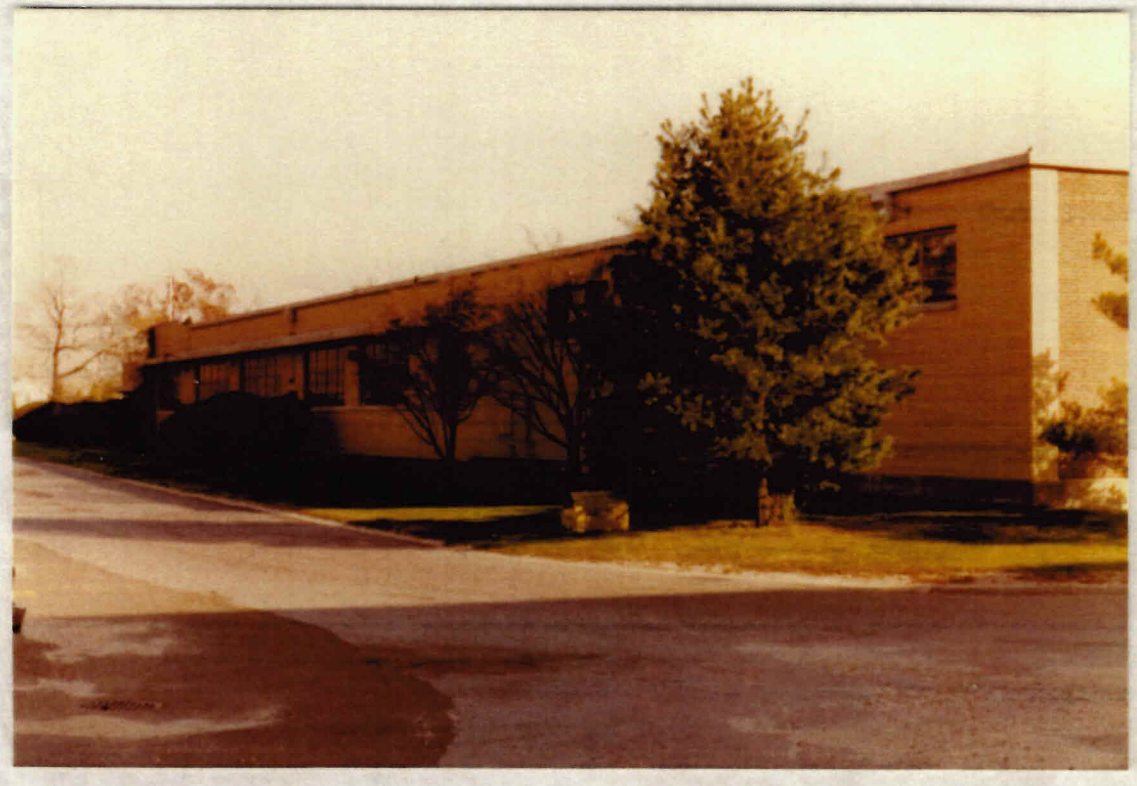
NORTH EAST ENTRANCE AREA

Wininger Construction Corp
10 Rockefeller Plaza
New York

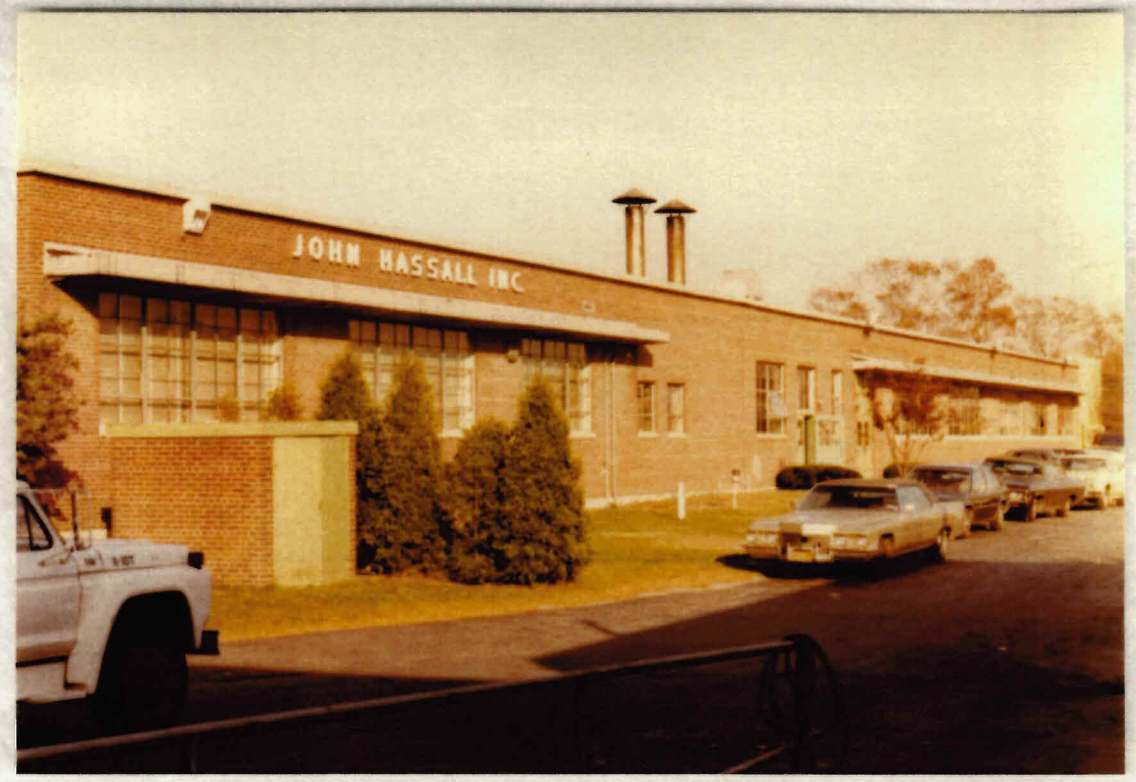
Started: September 1952
Completed: June 1953



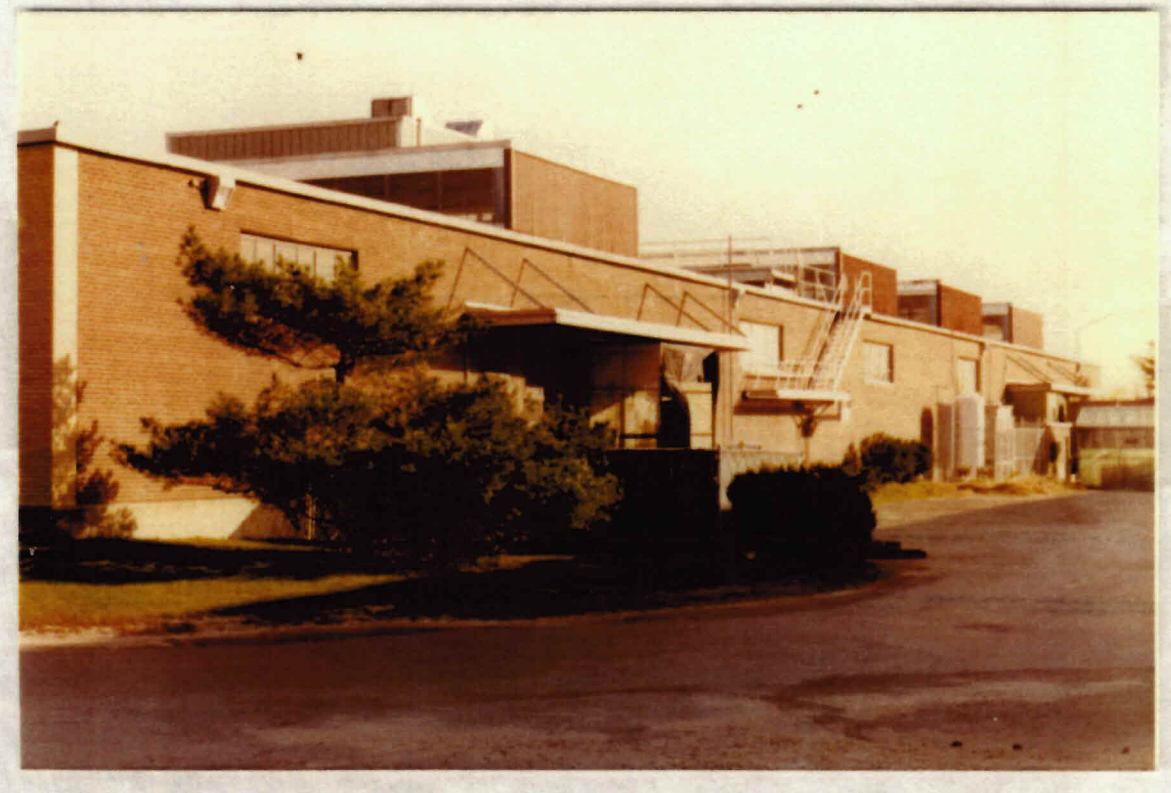
JOHN HASSALL, INC. EAST SIDE



JOHN HASSALL, INC. NORTH SIDE



JOHN HASSALL, INC. SOUTH SIDE



JOHN HASSALL, INC. WEST SIDE

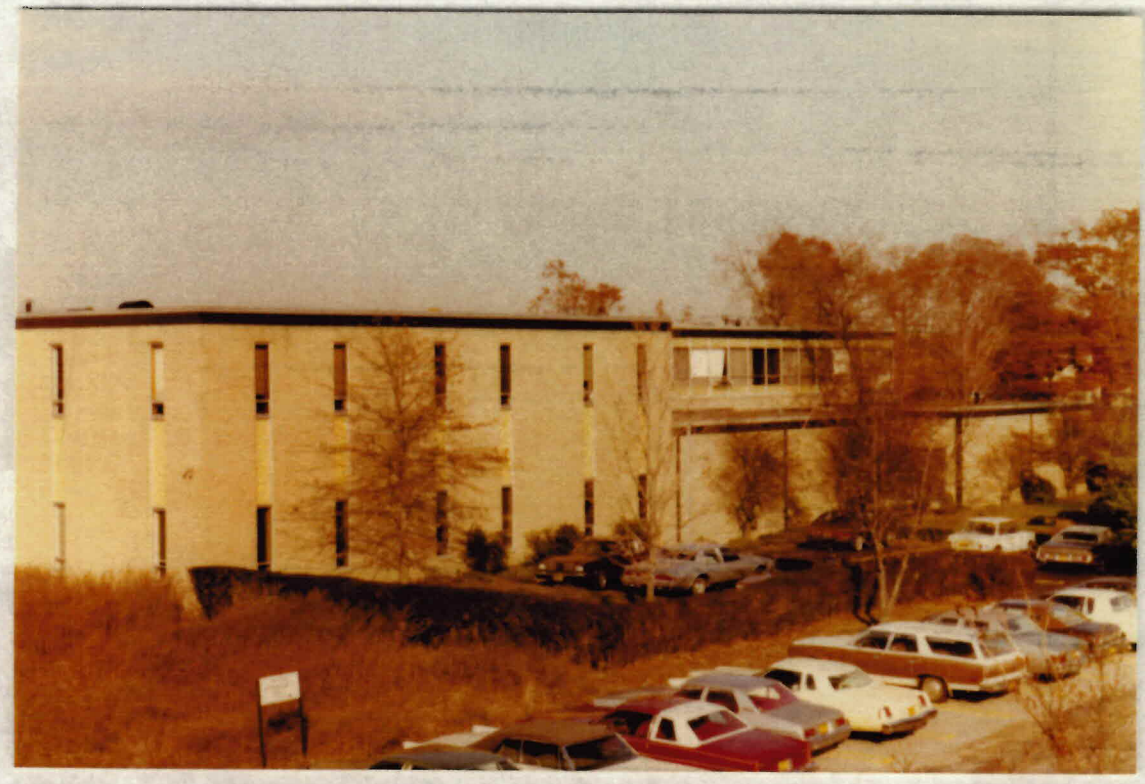
SPECIAL COMPONENTS

SPEC-COM BUILDING NORTH SIDE

SPEC COM BUILDING WEST SIDE

B R I N K M A N I N S T R U M E N T

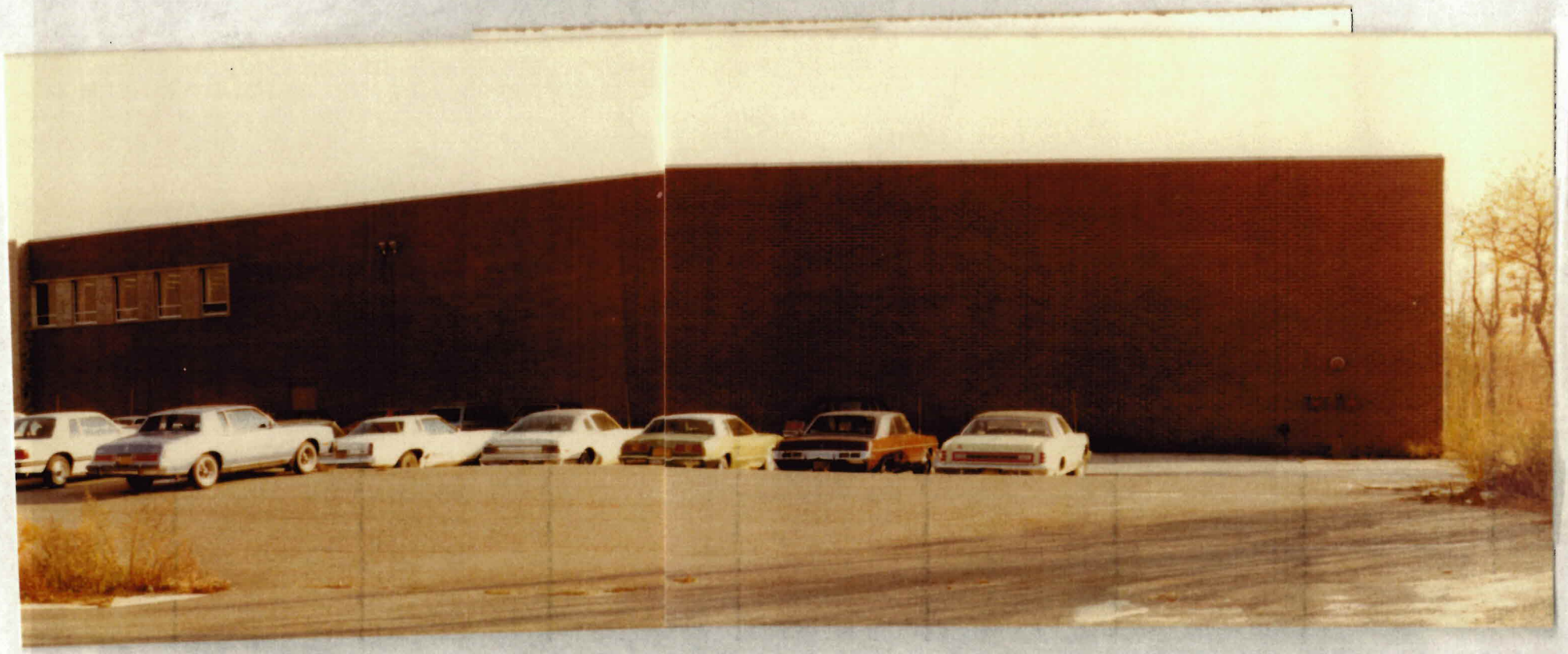
BRINKMAN INSTRUMENT EAST SIDE



BRINKMAN INSTRUMENT SOUTH SIDE

BRINKMAN INSTRUMENT - WEST SIDE

T R I - S T A T E F L O O R S



TRI-STATE FLOORS - NORTH SIDE

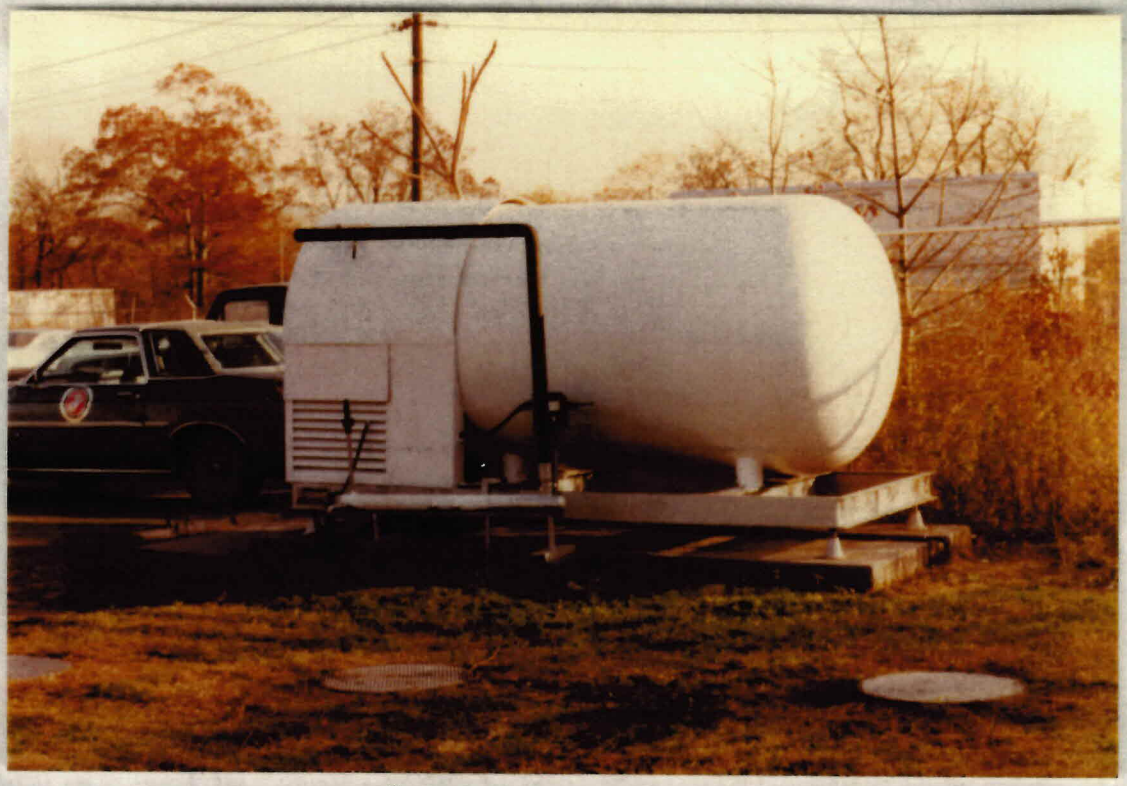
FOLD OUT FROM UNDER
THIS WAY

TRI-STATE FLOORS EAST SIDE

WASTE TREATMENT BUILDING

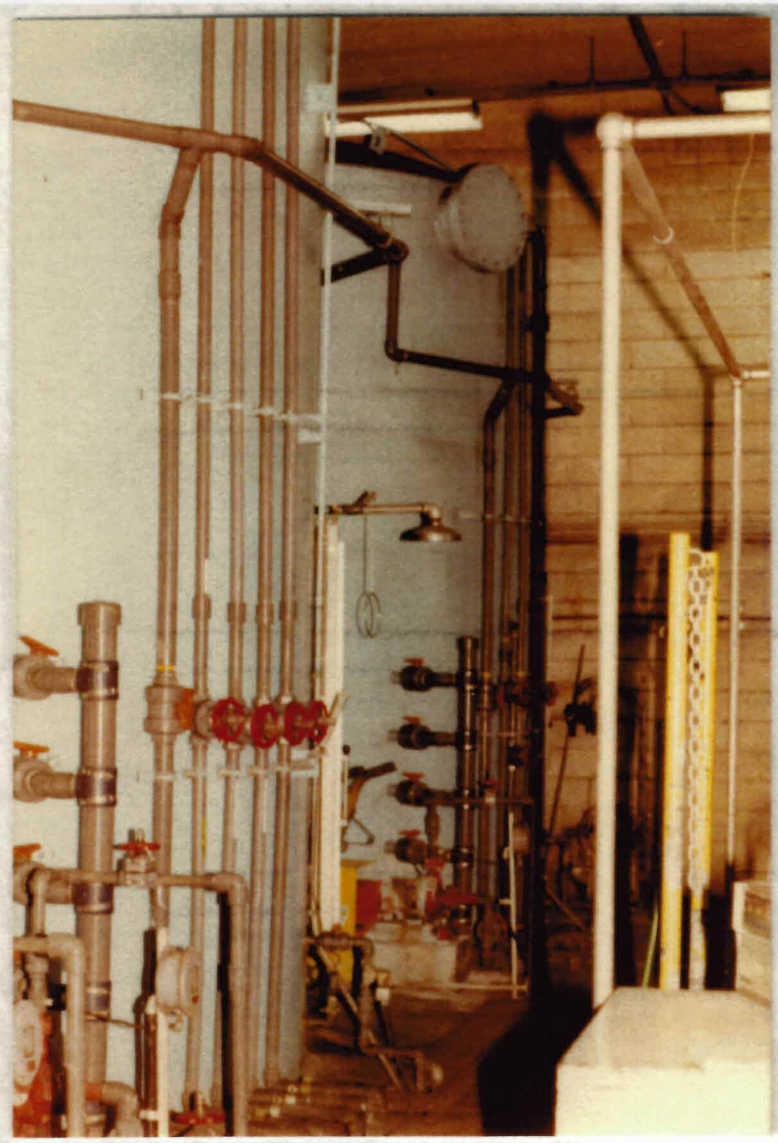
EAST SIDE

WASTE TREATMENT BUILDING NORTH SIDE

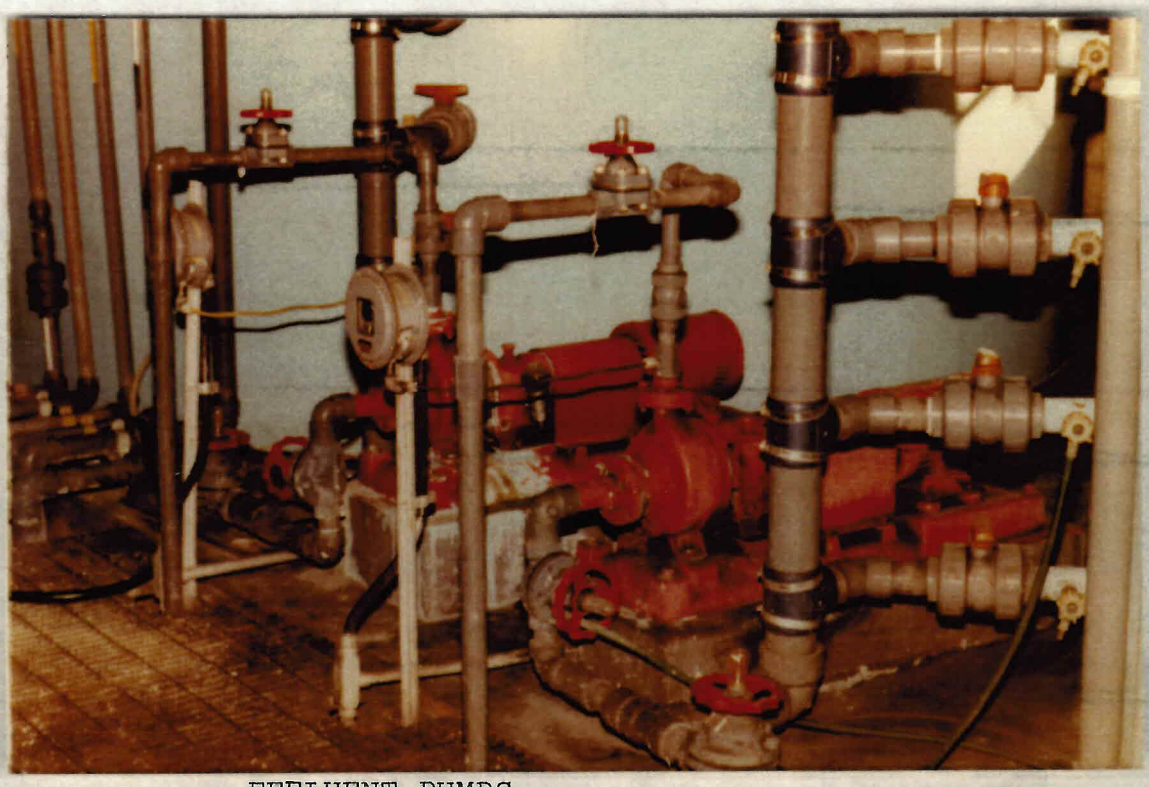


WASTE TREATMENT CO^2 TANK FACING SOUTH

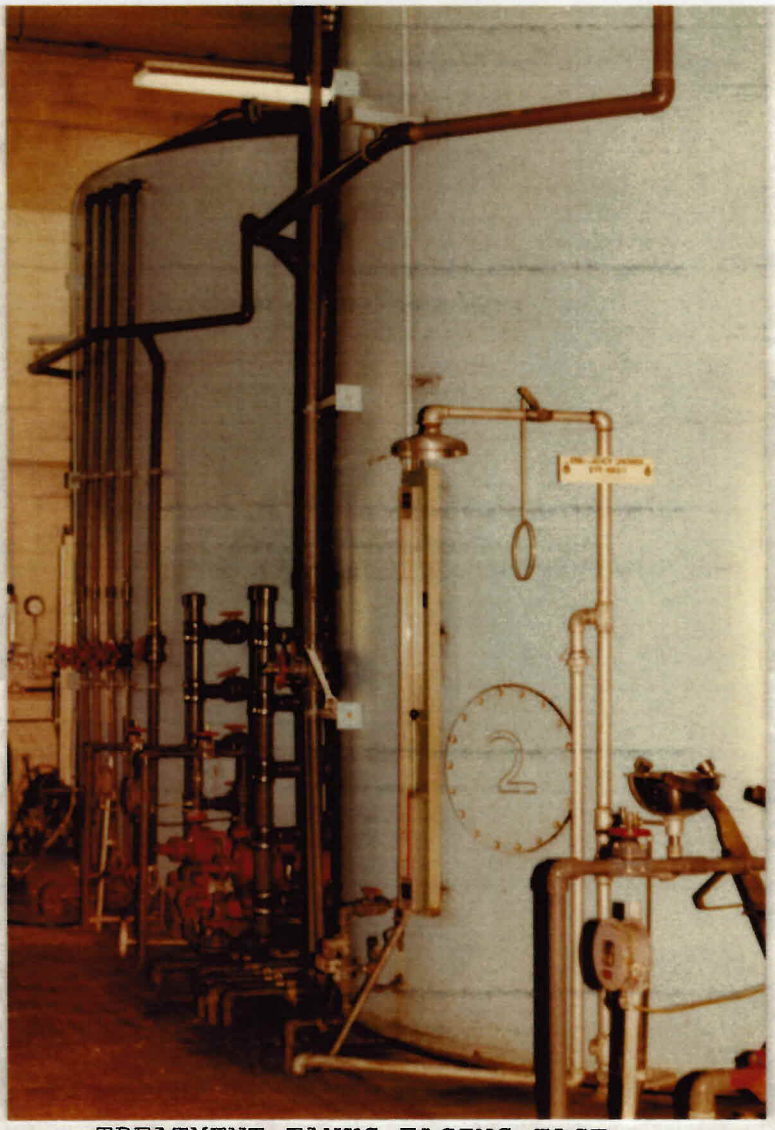
WASTE TREATMENT LABORATORY BENCH



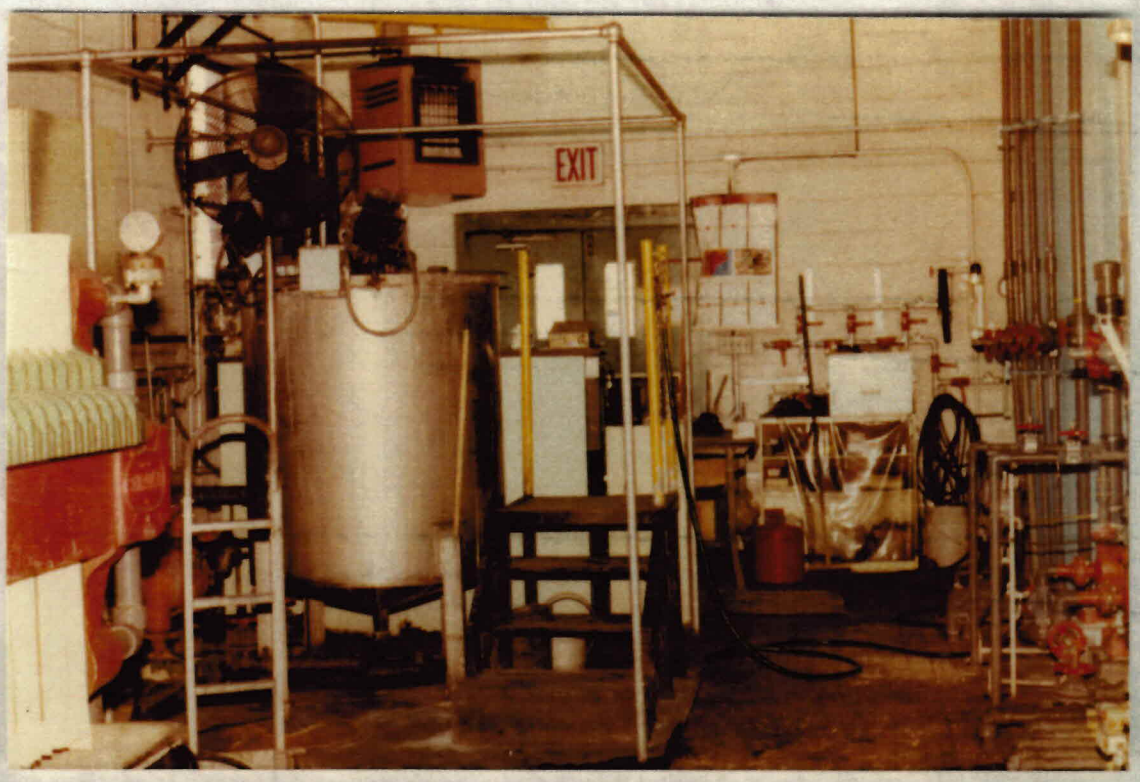
THE TREATMENT TANKS -----FACING WEST



EFFLUENT PUMPS



TREATMENT TANKS FACING EAST



EFFLUENT AND CHEMICAL MIXING TANK - EAST

SPECIAL NAILS·RIVETS·SCREWS
Hassall
ESTABLISHED 1850

JOHN HASSALL, INC.·WESTBURY·LONG ISLAND·N.Y.·11590

Tel. 516·334-6200 • Telex No. 144585

November 1, 1983

Mr Ernest A. Regina
Chief Solid Waste Branch
Air and Waste Management Division
U.S. Environmental Protection Agency Region II
26 Federal Plaza
New York, N.Y. 10278

EPA NO. NYD002045417

Mr. Ernest A. Regna;

I am in receipt of your "Consent Agreement and Consent Order" as acknowledged by signature for certified mail dated October 12, 1983.

Due to mis-information, an application to "Store Hazardous Waste" was never forwarded to the Envoronmental Protection Agency, but only to the Department of Environmental Conservation of New York State. Consequently all of our information and any follow up paper work went only to the DEC.

I have enclosed, for your perusal a copy of our applicaton to the DEC, N.Y. and the supplimentary addendums to our permit. That a separate permit was necessary was not known to me. I did receive all permit applications from EPA. I was lead to understand that our application to DEC was one and the same with applying to EPA.

We pride our selves in our Environmental record, and would not knowing fail to meet the regulations.

Please let me know of the need for further information.

Very truly yours,

Karl W. Horlitz

Karl W. Horlitz, P.E.
Plant Manager

Spoke to Horlitz 11/7 on misunderstanding of complaint

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Building 40, State University of New York
Stony Brook, New York 11794

516-751-7900

May 19, 1983

John Hassall, Inc.
P.O. Box 698
Cantiague Rock Road
Westbury, NY 11590

Re: 10-82-0848,
Facility 30-H-238

Dear Sir:

In conformance with the requirements of the State Uniform Procedures Act (Article 70, ECL) and its implementing Regulations (6NYCRR Part 621) we are enclosing your permit. Please read all conditions carefully. If you are unable to comply with any conditions, please contact the Regional Regulatory Affairs Office, NYS Department of Environmental Conservation, State University of New York at Stony Brook, Building 40, Stony Brook, New York 11794.

Also enclosed is a permit sign which you are to conspicuously post at the project site, protected from the weather.

Very truly yours,

Daniel J. Larkin
Regional Permit Administrator

DJL:ll

Encls.

47-20-2 (3/81) NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

FACILITY NO. 30-H-238

PERMIT

Under the Environmental Conservation Law, Article 27, Title 7, Part 360

EXPIRATION DATE 6/1/86

PERMIT NO 10-82-0848 XXXX30XXXX

☐ CONSTRUCTION ☒ INITIAL ISSUE ☐ REISSUANCE
☒ OPERATION ☐ RENEWAL ☐ MODIFICATION

PERMIT ISSUED TO	ADDRESS OF PERMITTEE	TELEPHONE NO.
John Hassall, Inc.	P.O. Box 698 Cantiague Rock Road Westbury, NY	(516) 334-6200

LOCATION OF PROJECT Town	County	Environmental Conservation Regional Office
Oyster Bay	Nassau	Stony Brook - Region 1

DESCRIPTION OF PROJECT	ON-SITE SUPERVISOR
Storage of hazardous sludge in Industrial Waste Building	Karl Horlitz, P.E.

GENERAL CONDITIONS

1. The permittee shall file in the office of the Environmental Conservation Region specified above, a notice on intention to commence work at least 48 hours in advance of the time of commencement and shall also notify said office promptly in writing of the completion of the work.
2. The permitted work shall be subject to inspection by an authorized representative of the Department of Environmental Conservation who may order the work suspended if the public interest so requires.
3. As a condition of the issuance of this permit, the applicant has accepted expressly, by the execution of the application, the full legal responsibility for all damages, direct or indirect, of whatever nature, and by whomever suffered, arising out of the project described herein and has agreed to indemnify and save harmless the State from suits, actions, damages and costs of every name and description resulting from the said project.
4. All work carried out under this permit shall conform to the approved plans and specifications. Any amendments must be approved by the Department of Environmental Conservation prior to their implementation.
5. The permittee is responsible for obtaining any other permits, approvals, easements and rights-of-way which may be required for this project.
6. By acceptance of this permit, the permittee agrees that the permit is contingent upon strict compliance with Part 360 and the special conditions. Any variances granted by the Department of Environmental Conservation to Part 360 must be in writing and attached hereto.

SPECIAL CONDITIONS

1. Facility must submit within 90 days a Surety Bond to cover closure costs.

ISSUE DATE	ISSUING OFFICER	SIGNATURE
5/18/83	Daniel J. Larkin, RPA	X

PERMITTEE COPY

NOTICE OF PERMIT

for:

☐ CONSTRUCTION	XXXXX INITIAL ISSUE	☐ REISSUANCE
XXX OPERATION	☐ RENEWAL	☐ MODIFICATION

has been issued to: John Hassall, Inc.

address: P.O. Box 698, Cantiague Rock Road, Westbury, New York

for a project described as: Storage of hazardous sludge in Industrial Waste Building

under the Environmental Conservation Law,
Article 27, Title 7, Part 360 [Solid Waste Management Facilities]

NOTE:

- **This Notice of Permit must be posted on the project site in such a manner that it is protected from weather and is in a location readily visible to the public.**
- **A copy of the Permit with the general and special conditions noted thereon will be shown to anyone upon request.**

New York State
Department of Environmental Conservation
47-12-2 (1/82)

Issuing Officer Daniel J. Larkin, RPA

Building 40, SUNY, Stony Brook, NY 11794
Address

10-82-0848	5/13/83	6/1/86
Permit No.	**Issue Date**	**Expiration Date**

Facility No. 30-H-238

Special Instructions for Completion

of Application Form 47-19-4

Item	7	If not applicable, mark N/A
Item	17	Applicants shall check appropriate box or indicate in "other" the nature of the waste facility. i.e. "On site storage of hazardous and/or industrial waste."
Item	19	For each type of waste listed, please include the following information on that waste: Name of waste, rate of generation per month, identify the waste as hazardous or non-hazardous, indicate the maximum amount of waste accumulated prior to disposal.
Item	20	Include the name(s) of Waste Hauler(s)
Item	21(a)	Omit
Item	22	Check appropriate box(es)
Item	23	Signature of company officer or authorized representative and attach proof of authorization.

Your application will be processed only if each of the following forms are included and complete (in some instances an Engineering Report may be necessary). Additional information may be requested by the New York State Department of Environmental Conservation.

✓	1. Application for "Approval to Operate" (Form 47-19-4)
✓	2. Plot Sketch
✓	3. Material Flow Sketch
✓	4. Project Permit Requirement Questionnaire
✓	5. Environmental Assessment Form

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

APPLICATION FOR APPROVAL TO OPERATE A SOLID WASTE MANAGEMENT FACILITY

SEE APPLICATION INSTRUCTIONS ON REVERSE SIDE

PROJECT NO.	DATE RECEIVED
DEPARTMENT ACTION ☐ Approved ☐ Disapproved	DATE

1. OWNER'S NAME	2. ADDRESS (Street, City, State, Zip Code)	3. Telephone No.
Theodore B. Smith Jr.	Count Rumford Lane Lloyd Neck NY 11743	549-2[illegible]
4. OPERATOR'S NAME	5. ADDRESS (Street, City, State, Zip Code)	6. Telephone No.
Victor Palese	171 Blueberry Lane Hicksville, NY 11801	6[illegible]-09[illegible]
7. ENGINEER'S NAME	8. ADDRESS (Street, City, State, Zip Code)	9. Telephone No.
H2M CORPORATION	125 Baylis Rd Melville, NY 11747	75[illegible]-9060
10. ON-SITE SUPERVISOR	11. ADDRESS (Street, City, State, Zip Code)	12. Telephone No.
Karl W. Horlitz, P.E.	11 High Point Rd Settlers Landing East Hampton, NY 11937	324-2181

13. HAS THE INDIVIDUAL NAMED IN ITEM 10 ATTENDED A DEPARTMENT SPONSORED OR APPROVED TRAINING COURSE?
☐ Yes Date Course Title Location ☐ No

see attached sheet

14. PROJECT/FACILITY NAME	15. COUNTY IN WHICH FACILITY IS LOCATED	16. ENVIRONMENTAL CONSERVATION REGION
John Hassall, INc-Industrial Waste Bldg	Nassau	2

17. TYPE OF PROJECT FACILITIES: ☐ Composting ☐ Transfer ☐ Shredding ☐ Baling ☐ Sanitary Landfill ☐ Incineration ☐ Pyrolysis
☐ Resource Recovery-Energy ☐ Resource Recovery-Materials ☐ Other Storage of hazardous sludge

18. HAS THIS DEPARTMENT EVER APPROVED PLANS AND SPECIFICATIONS AND/OR ENGINEERING REPORTS FOR THIS FACILITY? ☐ Yes Date September 1972 ☐ No

19. LIST WASTES [redacted]

SEE SEPARATE SHEET

20. BRIEFLY DESCRIBE OPERATION

SEE SEPARATE SHEET

NOV 10 11 35 AM '83
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007

21. IF FACILITY IS A SANITARY LANDFILL, PROVIDE THE FOLLOWING INFORMATION:
a. Total useable area: (Acres) Initially _____ Currently _____
b. Distance to nearest offsite, downgradient, water supply well _____ Feet
c. No. of groundwater monitoring wells Upgradient _____ Downgradient _____

22. INDICATE WHICH ATTACHMENTS, IF ANY, ARE INCLUDED WITH THIS APPLICATION:
☐ Form 47-19-2 or SW-7 ☐ Operations Plan & Report ☐ USGS Topographic Map ☒ Record Forms ☐ Other _____
☐ Construction Certificate ☐ Boring Logs ☒ Water Sample Analysis ☐ None

23. CERTIFICATION:
I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

September 17, 1982 — Theodore B. Smith, President
Date — Signature and Title

47-19-4 (6/77) CENTRAL OFFICE COPY

APPENDIX B
SHORT ENVIRONMENTAL ASSESSMENT FORM

INSTRUCTIONS:

(a) In order to answer the questions in this short EAF it is assumed that the preparer will use currently available information concerning the project and the likely impacts of the action. It is not expected that additional studies, research or other investigations will be undertaken.

(b) If any question has been answered Yes the project may be significant and a completed Environmental Assessment Form is necessary.

(c) If all questions have been answered No, it is likely that this project is not significant.

(d) Environmental Assessment

1.	Will project result in a large physical change to the project site or physically alter more than 10 acres of land?.....	____ Yes X No
2.	Will there be a major change to any unique or unusual land form found on the site?.....	____ Yes X No
3.	Will project alter or have a large effect on an existing body of water?.....	____ Yes X No
4.	Will project have a potentially large impact on groundwater quality?.....	____ Yes X No
5.	Will project significantly effect drainage flow on adjacent sites?.....	____ Yes X No
6.	Will project affect any threatened or endangered plant or animal species?.....	____ Yes X No
7.	Will project result in a major adverse effect on air quality?.....	____ Yes X No
8.	Will project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?.....	____ Yes X No
9.	Will project adversely impact any site or structure of historic, prehistoric, or paleontological importance or any site designated as a critical environmental area by a local agency?.....	____ Yes X No
10.	Will project have a major effect on existing or future recreational opportunities?	____ Yes X No
11.	Will project result in major traffic problems or cause a major effect to existing transportation systems?....	____ Yes X No
12.	Will project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?.....	____ Yes X No
13.	Will project have any impact on public health or safety?	____ Yes X No
14.	Will project affect the existing community by directly causing a growth in permanent population of more than 5 percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	____ Yes X No
15.	Is there public controversy concerning the project?	____ Yes X No

PREPARER's SIGNATURE Karl W. Hastings PE TITLE: Plant Manager

REPRESENTING JOHN HASSALL, INC DATE: August 26, 1982

EH 736 8/81

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PROJECT PERMIT REQUIREMENT QUESTIONNAIRE

The purpose of this questionnaire is to assist the applicant in determining what, if any Department Permits or approvals must be obtained before starting work on a proposed project. If you are not sure if the action proposed is a regulated activity or is within an area subject to Department regulations (tidal wetlands, freshwater wetlands, etc.) contact our regional office for clarification. A pre-application conference with our staff to obtain guidance in the Department's permit application review process can be arranged.

ANSWER ALL QUESTIONS

NAME OF APPLICANT: JOHN HASSALL INC

DETAILED PROJECT DESCRIPTION & LOCATION: STORAGE OF HAZARDOUS WASTE.

JOHN HASSALL, INC CANTIAGUE ROCK ROAD, WESTBURY, LI NEW YORK 11590

	YES	NO	NOT KNOWN
1. Realty Subdivision Approvals in Nassau County Does project involve subdivision of land into 5 or more residential lots that will be served by a public or community sewage disposal system?		x	
2. Mining Permit Does project involve the mining and commercial sale or offsite use of 1,000 tons of mineral within 12 calendar months (excepting excavation or grading in connection with onsite construction or farming)?		x	
3. Air Contamination Permit a) New or Modified Sources: Does project involve the construction, modification or operation of a boiler greater than 1 million BTU/hr rated heat input, an incinerator or an industrial process.		x	
b) Indirect Source: Does project involve construction or modification of a highway, airport or a parking facility with 250 or more spaces?		x	
4. Solid Waste Management Permit Does project involve the storage, transfer, processing or disposal of solid waste?	x		
5. Wild, Scenic & Recreational Rivers Permit Only applies to certain lands within a ½ mile of the Carmans River. Consult DEC Regional Office for exact determination.		x	

	YES	NO	NOT KNOWN
6. Water Supply Permit Does project involve the acquisition of land or construction of facilities for water supply or distribution purposes?		x	
7. Long Island Well Permit a) Does project involve the construction of a new well or deepening or increasing the capacity of an existing well to withdraw water at a rate greater than 45 gallons a minute?		x	
b) Will project require the temporary lowering of groundwater levels for construction purposes?		x	
8. Protection of Waters a) Will project change, modify or otherwise disturb the course, channel or bed of any stream classified C(T) or higher? (Consult the Regional Office for classifications.)		x	
b) Does project involve the temporary or permanent artificial obstruction of a natural stream or watercourse?		x	
c) Does project involve the construction or repair of a permanent dock, pier or wharf having a top surface area more than 200 square feet?		x	
d) Does project involve any excavation or placing of fill in the navigable waters of the State and adjacent wetlands?		x	
9. Tidal Wetlands Permit I. Will project be located: a) in tidal waters b) within 300 feet of either the landward edge of a tidal wetland boundary or a tidal body of water?		x	
II. Will there be any subdivision of land or physical alterations of land or water?		x	
Exemptions to the above regulated locations if: 1) Project will be located at a ground elevation of 10 feet or higher above mean sea level (excepting on the face of a bluff or cliff.)		x	
2) A substantial, man-made structure (such as a paved street or bulkhead) 100 feet or longer exists between the project site and tidal wetlands or tidal water. (Consult DEC Regional Office, if unsure.)		x	
10 Freshwater Wetlands Permit a) Will project area be within, or within 100 feet of, a freshwater wetland or freshwater body of 12.4 acres or larger?		x	
B) Will project involve draining, dredging, filling, excavating, erecting structures, roads, utilities or other alterations or placing any form of pollution in a wetland? (Consult DEC Regional Office, if unsure.)		x	

	YES	NO	NOT KNOWN
11. Section 401 - Water Quality Certification Letter Does project or activity require a Federal Permit or License? If so, this State certification may be required prior to Federal approval.	___	x	___
12. State Pollutant Discharge Elimination System (SPDES) Permit Does project involve:			
a) A proposed subdivision of 5 or more units?	___	x	___
b) A proposed or existing discharge of 1,000 gallons per day of sewage or any discharge of industrial or other wastes to ground waters?	___	x	___
c) Any discharge of sewage, industrial or or other wastes to surface water?	___	x	___
d) Any disposal of stormwater containing sewage industrial or other wastes?	___	x	___
e) Any storage and disposal of potentially toxic or hazardous wastes?	x	___	___
13. The following additional required DEC permits have been applied for:	___	___	N.A.

Type of Permit	Applic. No.	Application Filing Date	Applicant's Name (If different from application now being submitted.)

14. List all other permits, licenses or approvals required by other agencies of government:

Type of Permit or Approval	Governmental Agency	Status

I certify that the above information is correct to the best of my knowledge.

September 17, 1982
DATE

THEODORE B. SMITH, JR.
SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

John Hassall has been treating the industrial effluent generated by the various processes and cleaning procedures that are utilized in our special cleaning and finishing department since 1974.

The sluges resulting from the cleaning effluents from manufacturing these special fasteners are the by-products of degreasing and cleaning these parts after they have been headed or upset on the machinery. In order to facilitate the feeding of these parts through secondary operations, these parts have to be clean, brite and dry, so as to negotiate the tracks and feeding devices designed to enhance automatic handling or indexing through the equipment.

A small percentage of our products are nickel plated in our electroplating equipment. This equipment consists of two 175 gallon plating tanks. Considering an average of 242,500 lbs of product manufactured per month, only 700 lbs of these were plated in our equipment. All other plating requirements are handled through outside vendors. Our plating is utilized for emergency measures only, where delivery time is the dominant factor.

Waste Treatment

Our waste treatment process consist of three (3) segregated waste water streams. (Industrial washing machines, oil stripping and mixed metals waste waters), in three (3) below grade pre-cast concrete-fiberglass lined oil separation tanks, each @ 9000 gallons, then pre-settling in three (3) below grade pre-cast concrete fiber glass lined settling tanks each @ 9000 gallons, and fitted with air and CO2 defusers for mixing and PH adjustment.

Waste waters after pre-treatment by oil separation and pre-settling are pumped from three (3) separated concrete wet wells, each fitted with a 100 GPM vertical centrifical pump which delivers each of the waste waters to one of the three interior steel treatment tanks, each with a cpapcity of 10,000 gallons. Each treatment tank contains a vertical paddle wheel flocculator, air and CO2 diffusers and oil skimming over flow weirs, and variable take off effluent drains.

The first treatment consists of the addition to the effluent as follows: Calcium Hydroxide ($Ca(OH)_2$), Sodium Sulfide (Na_2S), Calcium Chloride (CaCl2), Carbon Dioxide (Co2) and cationic and non ionic poly electrolyte. The effluent is flocculated and allowed to settle overnight.

The following day, this pre-treated effluent is transferred by pump into tank #2 for the second treatment.

The second treatment consists of the addition to the pre-treated effluent as follows:
Activated carbon, Aluminum Sulfate (Al_2 (So4) 3 and an ionic poly electrolyte. This is Flocculated for thorough mixing and allowed to settle overnight. The following day this treated effluent is pumped through the plate and frame shriver filter (this filter was previously prepared and charged with Diatomicious earth, super cell and sorbo-cell)

This will filter out the remaining suspended solids, oil and grease. The effluent is then treated with (H_2O_2) Hydrogen peroxide for sulfide destruction and pumped into the below grade holding tank, equiped with Aireation devices to prevent an anaerobic state from occuring.

The effluent is now tested thru the atomic absorbtion system, and if sewer discharge limitations are met for all parameters, this effluent is pumped into the sewer system. All discharges are recorded on a tamper proof flow meter, monitored and tested by the Nassau County Department of Public Works Cedar Creek Laboratory and evaluated against an Independant Laboratory Analysis by H2M.

No. 19

OUR HAZARDOUS WASTES

1- Spent Stoddard Solvent combined with both cutting and lubricating oils
(these oils may contain sulfur, parraffin base oils, combined chlorine and phosphorous.)

2- Degreasing Solvents

1. chlorinated safety solvents
2. spent freon
3. VG 1.1.1

3- Salt Solutions
From electro chemical grinding. May contain Sodium Nitrite, Sodium Nitrate, and Rochelle Salts.

4- Spent Diatomite - (filter aid) containing small amounts of carbon, oil or grease and trace metals. (Fe, Ni, Cr, Cu, Zn

BACKGROUND OF WASTE TREATMENT PLANT PERSONNEL

Victor Palese is currently enrolled in Nassau Community College. He is a Science Major and is studying Environmental Science and Chemistry.

He has attended classes by Perkins-Elmer on operating the Atomic Absorbtion Equipment.

As our Industrial Waste Treatment Plant Operator, he has worked with Chemical Management Inc. in capacity of identifying Hazardous Waste (oils, solvents, sludges, etc).

He has received special instruction in the Laboratory regarding specific areas by H2M personnel.

He has been involved in Industrial Waste Treatment for three years and labored to meet the Nassau County parameters for the discharge of our Industrial Waste into the sewer system.

Our Manufacturing processes result in approximately 4 to 5 55 gallons drums per week of Hazardous waste. At the present time we are storing these drums, on pallets, in our warehouse. These drums are accumulated until we have about 12 to 15 of them. At that time a properly Registered Scavanger pickup is made for disposal.

The warehouse storage facility is secured and locked. Access is only thru Department necessity and authorized personnel. It is a total area of 20,000 square feet. Its main purpose is to store raw material (wire) and prepackaged finished goods (nails, rivets, screws) in bulk. These are stored in cartons, packed on a pallet, and placed on a storage rack four (4) to five (5) tiers high. A special area has been designated for the hazardous waste storage. The area is totally sprinklered. The containment of a leak or spill would be done thru Floor-Dri pickup. Fire extinguishers are also available.

The containers in which this Hazardous Waste is stored (are when necessary), lined with a plastic insert of 3 mils thickness, and secured with the proper drum cover, sealed and labeled, numbered and coded for identification in accordance with Department of Transportation Regulation 49CFR, Part 172.

These drums will be stacked no more than two (2) high (if this should ever become necessary). They will stand a minimum of five (5) inches off the floor and placed two (2) on each pallet, sized (36"x42"x5 1/2") they shall stand clearly visible to the eye, so as to be easily inspected for leak detection or drum rupture.

HOW WE HANDLE OUR SOLID WASTE

After our effluent has been treated in our treatment tanks, and filtered through the Shriver Plate and Frame Filter Press, the treatment plant operator opens the filter press and removes the spent diatomite from the curtained frames. Approximately 200 lbs of Filten aid are used per Filten. This solid waste is directly placed into 55 gallon steel drums which have been lined with a mil liner, and placed in a holding area within our warehouse. Other solid waste include our Metal Hydroxide Sludges; a by product of our treatment process. These sludges consist of carbon-lime-sulfide and precipitated metatls (Fe, Ni, Cr, Cu, Zn,).

These sludges are directly routed from our treatment tanks to a below grade, non-leaching sludge Holding Tanks via sealed pipeline engineered for this purpose.

From here, RGM (carrier #18A033) EPA I.D. No. NY0050592807 972 Nicolls Road, Farmingdale, N.Y. utilizes a vacuum truck, purchased from Super Products Registered (DIA-REO) capable of holding 15 cubic yards of solid waste.

It is transported to:

G.R.O.W.S. Inc
Bordentown and New Ford Mill Roads
Morrisville, Pennsylvania 19067

E.P.A. I.D. NO. PA D 000429589

All manifest are recorded, filed and mailed to the proper authorities.

LIST OF PERMIT NUMBERS

John Hassall, Inc 516-334-6200
Cantiague Rock Road
Westbury, N.Y. 11590

SPDES Permit No. NY D07 6287
EPA Permit No. NY 000 2045417

Certified Waste Oil- Jim Hack 516-352-6194
320 Courthouse Road
Franklin Square, L.I.,N.Y. 11010

DEC NY Permit No. IA-052
Vechile License No. 56626 GB

RGM Liquid Waste Removal Corp 516-586-0002
972 Nicolls Road
Deer Park, N.Y. 11729

EPA Permit No. NYD 050592807
DEC NY Permit No. 1A-033

Callia Bros 1-212-387-8300
362 Masbeth Avenue
Brooklyn, N.Y. 55211

EPA Permit No. NYD 980647283

Chemical Management Inc 516-454-6766
340 Eastern Parkway
Farmingdalt, NY 11735

EPA Permit No. NYD 000691949

PRESENT PLANT OPERATIONS

John Hassall, Inc., is a long-time established company engaged in the manufacture of specialized or "Job Designed" fasteners, nails, screws and rivets.

The present company was established in 1888 to produce nail machines, hardware, nails and screws. The Company was located in New York City until 1953 when it moved to the present location in Westbury, Nassau County, New York.

Present plant operations include the handling of various metallic wires from which the fasteners are made, cold heading or the forming of the required shape of the fastener and various other secondary operations such as threading, fluting, knurling, slotting, drilling, tapping, turning, grinding and trimming of fasteners. The above mentioned operations result in no appreciable amounts of industrial waste water and are limited to mostly solid wastes consisting of metallic filing or chips. These wastes generally do not present any disposal problem as they are collected in containers and disposed of by a solid waste removal service. (Metal scrap pick-up).

Industrial waste waters originate from deburring, burnishing, cleaning and plating operations. The expended process solutions and rinse waters from these operations comprise the industrial waste waters mentioned in this report.

EXISTING OPERATIONS AND WASTE WATER SOURCES

The waste waters are composed of primarily expended cleaning solutions and wash waters from the cleaning and plating operations.

WASHING OF FASTENERS

High speed manufacturing of fasteners requires a petroleum base lubricant on the wires to aid the feeding of the wire through the dies of the forming machines. After the forming operations, many of the fasteners receive a final washing and coating with a rust inhibitor. Presently, this washing and protective coating is performed in a large industrial washing machine. This washing machine operates as two (2) closed systems, where all wash and rinse waters are recycled to holding reservoirs for re-use. The wash reservoir has an approximate capacity of 500 gallons, whereas the rinse reservoir has a 350 gallon capacity.

CLEANING OF FASTENERS

Small fasteners cannot be cleaned in the industrial washing machine, and are cleaned instead in barrel tumblers to remove oils and soils.

POLISHING OF STAINLESS STEEL

Many stainless steel fasteners receive heat treatment after the forming operations. Heat treating leaves metallic scales on the fasteners which must be removed. This removal is accomplished by barrel tumbling.

NICKEL PLATING

A number of fasteners are nickel plated in any one of five (5) nickel plating tanks. Fasteners are first cleaned in the industrial washing machine or barrel tumblers. Fasteners are placed in rotating barrels or baskets and immersed in nickel sulfate solutions in the nickel plating tanks. Presently, no dragout, static or running rinse tanks exist. Washing of plated parts is currently performed by removing the barrels or baskets from the plating tanks and flushing them with water on the plating room floor.

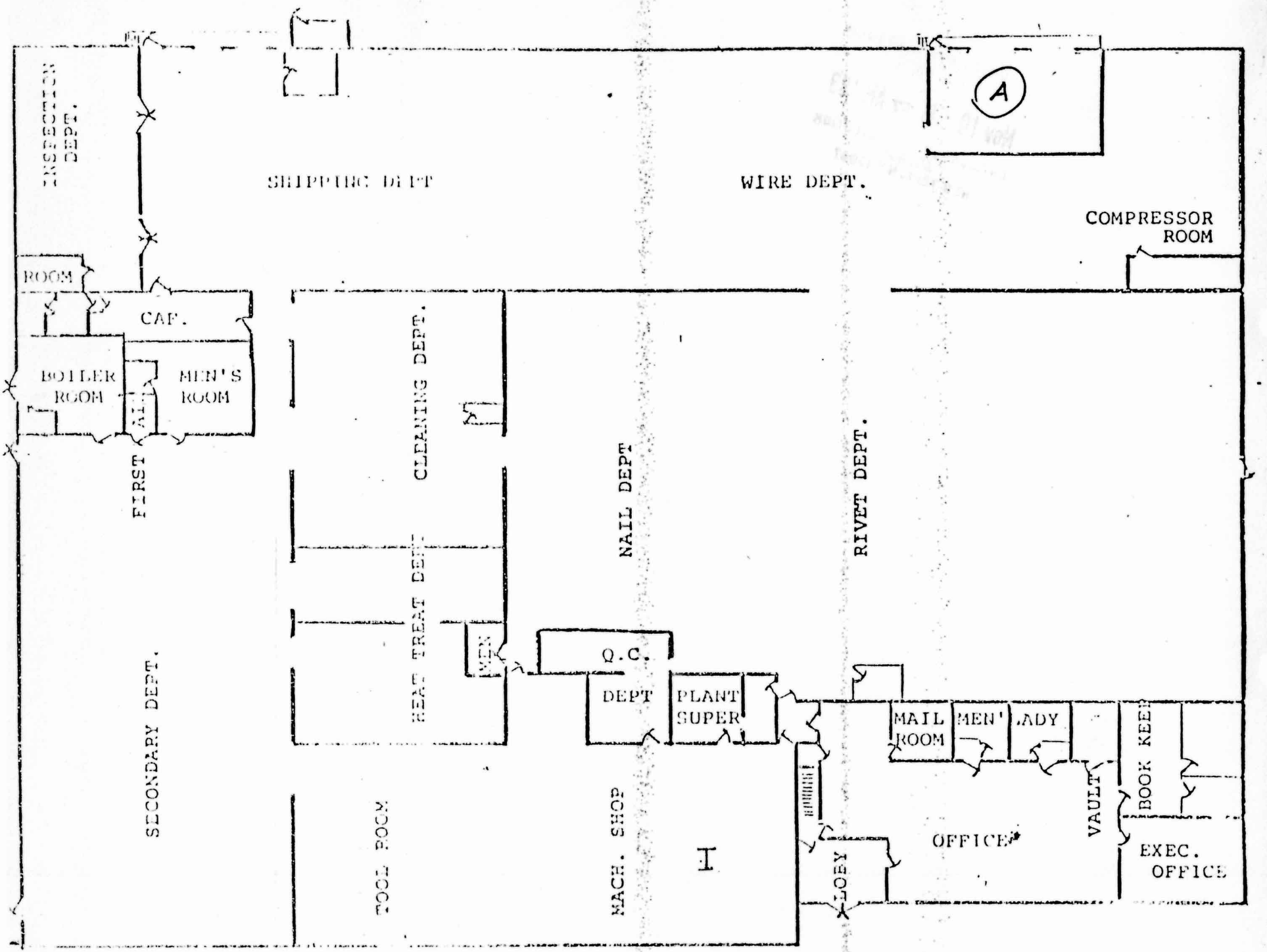
MATERIAL FLOW

Raw materials, in the form of coils of wire, and consisting of varied metals are delivered to the raw material (wire) storage. (A) From this storage area, the wire is deliverd t the various machines, as requested by the Nail and Rivet Manufacturing Departments.

At the machines, the wire is cut to length, and upset to the customers specifications. These parts are inspected and the finished parts dumped into a fiber glass collection pan, and weighed at 50 lbs. The orders are stacked on pallets, which through lift truck operations, are delivered to the Cleaning Department.

From the Cleaning Department the work may be scheduled for secondary operations, heat treating, plating or shipping.

Upon reaching the Shipping Department, parts are final inspected, packed stacked and racked for storage or made ready for shipment to the customer.


INSPECTION DEPT.
SHIPPING DEPT
WIRE DEPT.
A
COMPRESSOR ROOM
ROOM
CAF.
BOILER ROOM
MEN'S ROOM
FIRST AID
CLEANING DEPT.
NAIL DEPT
RIVET DEPT.
SECONDARY DEPT.
HEAT TREAT DEPT.
MEN
Q.C. DEPT
PLANT SUPER
MAIL ROOM
MEN'
LADY
BOOK KEEP
VAULT
TOOL ROOM
MACH. SHOP
I
LOFT
OFFICE
EXEC. OFFICE

This suppliment sheet is in answer to the letter we have received dated November 4, 1982, for which there was expressed a need for clarification of a number of the requirements for a solid waste storage facility permit. The application at that time as received was accompanied by directives from Nassau County Department of Health, which had outlined a fairly simple set of instructions to follow, and the information necessary to make out this application. In the meantime, I had requested and received from New York State Department of Environmental Conservation the Hazardous Waste Manifest Guidance Manual, and Part 360,365,366 of 6 NYCRR. Due to unforseen circumstances, the additional information that was requested, had to be posponed.

In answer to the question regarding the Chromium our laboratory reports which analize the waste prior to discharge into the County Sewer Systems have to date reported acceptable amounts of Chromium in the effluent stream. The highest level of Chromium being 0.29 as compared to the maximum acceptable level of 2.0 has been reported. That means our effluent, post treatment, has less than one half (1/2) P.P.M. of Chromium as compared to the 2.0 that is allowable. The sewer effluent is monitored by the Nassau County - Town of Oyster Bay Department of Public Works. For our interest, - H2M Corporation also monitors our discharge to the Sewer System. The samples are collected and tested prior to discharging the effluent into the sewer system. Our Laboratory Manager Victor Palese, also tests for specific parameters as outlined by the County Treatment Facility and monitored by Maurice Osman.

In reference to part 360.8 (C) (3) Contingency Plan, and Closure Plan; Part 360.8 (C) (6) in reference to financial requirements:

The solid waste storage area is marked with a sign "DANGER- UNAUTHORIZED PERSONNEL KEEP OUT." Access to our warehouse is with key only to authorized personnel.

The solid waste storage area, our Industrial Waste Treatment building and the Laboratory are inspected for possible equipment deterioration or failure, and a report is forwarded to the Plant Manager.

The Solid Waste Management Facility is located on a reinforced concrete floor, inside a brick building. This building is also the raw material and finished goods storage area. A specific area, marked, outlined and designated as the solid waste storage or hold area is located in this warehouse. The sludge is stored in lined 55 gallon drums, on pallets and located beneath a fully fire sprinklered area. Fire extinguishers are also located nearby. The amounts of stored drums would be no more than a months collection, or three drums of filter cake per week from our plate and frame filter, and possibly some solvents mixed with water, or oils mixed with water. These

drums are constantly being monitored by our Laboratory Manager Victor Palese and the Plant Manager. Any spills, leaks or ruptures would be contained by applying floor dry in abundant amounts, which can encircle the leak like a dam, and also soak up the spillage. There is no leachate danger present to outside grounds and none of the stored solid waste is subject to salvage on our site.

The roadway and driveway that encircle our Industrial Complex are always kept in the best of repair, and kept free of ice and snow, or any road hazard.

Our personnel are provided with all the necessary safety equipment, and means necessary to accomplish their work.

All employed personnel of John Hassall are covered by Workmen's Compensation:

Workmens Compensation Carrier

State Insurance Fund
159 No. Franklin Street
Hempstead, N.Y. 11550

Telephone - 516-538-7800

Police Number 480-529-7

Coverage in the event of emergencies - sudden or non-sudden releases of hazardous waste:

Basic General comprehensive liability coverage

Kemper Insurance Co
Policy Number 2 ZT/VS 026 527

Blanket comprehensive liability coverage

U.S. Insurance Group
Policy Number 523 190 6298

Insurance Broker: Cooroon and Black Co
150 William Street
New York, N.Y. 10038

The litter on our grounds and adjacent to the solid waste storage area would be kept to a minimum as the plant maintenance crew keeps this in check, and sees to it that wind blown debris and loose papers are confined to the refuse roll-off dumpster. Odors are controlled by the use of a peroxide feeder during the treatment process. Noise is kept to a minimum. All of our employees use noise protection when necessary.

Ours is a well run safe shop, and OSHA oriented. Our Hi-Los and Forklift trucks are under a service contract to Clarks Lift, which maintains them in safe working order, oiled, greased and ready. These trucks are sheltered in our warehouse facility and kept in readiness. There has never been open burning of any articles, waste rubbish or materials on this site. It is prohibited to do so.

For the present and past years, The John Hassall Inc Waste Treatment and Solid Waste Storage Facility has been maintained in excellent operating order. All required paper work for the varied agencies, be they County, State or Government have been forwarded to the proper office, recorded in the correct manner, and the copies provided to wherever necessary. The facility does not endanger wildlife, fish, land or water resources, flood planes or human life.

The facilities shall be maintained and operated so as to function in accordance with the permit when issued, and the designed and intended use of the facility. All equipment in use in this facility shall be maintained to operate effectively.

A contingency plan approved by the Department of Environmental Conservation for any and all emergency situations shall be implimented in accordance with the plans terms as outlined here in.

CONTINGENCY PLAN PART 360.8 (C) (3)

Telephones available for emergency calls in the Waste Treatment Building, the Laboratory and in the Warehouse storage area. In an emergency the Emergency Co-ordinators will immediately determine the nature and extent of the problem - and impliment the necessary steps to contain the spill or fire and summon the necessary assistance. In the event that the Emergency-Coordinator is not available, the Emergency Group Leader will be called. It would be his responsibility to assess the situation and to take immediate steps as outlined in the plan, and call the Plant Manager. The Emergency Group Leader is the person assigned to supervise the Solid Waste Storage area.

Upon any emergency situation- of a fire, explosion, or any unplanned sudden or non-sudden releases of hazardous waste or hazardous waste constituents to air, soil or surface water, the following directives should be followed and adhered to.

In the event of a fire on the premises, by or near the solid waste management site, the emergency fire department number shall be called, 931-0898. The Fire Chief Lawrence Bachteler Sr. shall be notified. If in the event he is not there 1st Deputy Robert Zederham or 2nd Deputy Douglas Herin shall be called and given the details of the emergency, the nature and extent thereof, and the steps immediately being taken by the Hassall Emergency Group to contain this emergency. At that time the police emergency number shall be called 911, 364-0500 and the 2nd precinct, Inspector Miglino, notified and given the specific details concerning the emergency. The Hassall Emergency Group consist of the Plant Maintenance Personnel, volunteer firemen of the work force who are trained and proficient with the fire hose use and with the emergency procedures as outlined to them for sudden spills, air contamination, or fire emergencies.

A drum rupture in the solid waste storage area, can be easily and readily contained thru floor-dri use and damming up the area. The soaked floor-dri would then be shoveled into a sound 55 gallon drum, and properly sealed.

MAJOR SUDDEN EMERGENCIES

An emergency situation of a sudden spill, release of hazardous waste which would threaten human life such as wherein a tank ruptures, or a hose from a tank truck fails, fires and explosions also would constitute an emergency situation.

WHAT TO DO

An immediate call would be to the Emergency Co-ordinator who would in turn notify the emergency groups thru the emergency group leader. The first step would be containment, and isolation of the spill or fire. Fire extinguishers or hydrant hoses are available. In the event of an explosion wherin there could be injuries to life and limb the hospital would also be notified, and proper transport for the injured provided for.

Karl W. Horlitz

Karl W. Horlitz, P.E.
Plant Manager

CLOSURE AND POST CLOSURE 360.8 (C) (6)

The closure plan as herein defined is in reference to the present Solid Waste Storage Facility. As outlined in the forgoing contingency plan, the amount of stored solid waste would be approximately a twelve (12) 55 gallon drums maximum lot.

Included in the plan would be any residuals of sludges in the treatment tanks, and a possible residue from the decontaminating of the tank interiors. Also, a below grade sludge holding tank, which accumulates sludges from the treatment tanks. Altho the below grade tanks are not included in solid waste storage area as such; it is assumed for the purpose of this permit application, that a closure of the facility, would include tank clean out.

The hauler of solid waste RGM and Chemical Management would pick up the Solid Waste drums stored in the warehouse, and also pump out the below grade holding tanks. Wastes such as water and oil mixes and ignitibles would be picked up by Techtronics Inc for disposal at their site. LaMay and Sons would fill the tanks with clean fill or sand. Martone and Sons would level the talk tops below grade to allow for topsoil and grass. The costs for the above are listed below.

The 90 day period for closure for the above activities are within the limits estimated by contractors and John Hassall Inc. to complete final treatment and the sludge pickups for disposal, and removal from the site.

The certificate of closure shall be applied for when closure is completed. The owner and independent Registered Professional Engineer will certify that the closure of the facility has been completed in accordance with the specifications outlined in the approved closure plan.

Karl W. Horlitz

Karl W. Horlitz, P.E.
Plant Manager

PLANT EMERGENCY GROUP

Edward J. Dasczynski
113 Rension Drive
Westbury, L.I., N.Y. 11590
516-333-4421

William Haley
14 Sourth Haven Drive
East Northport, LI NY 11713
516 499-2701

Charles Janovsky
477 Merrick Road
Lynbrook, LI NY 11563
516-887-4947

George Loizidis
805 Hawkins Ave
Lake Ronkonkoma, LI NY 11779
516-467-1617

Harry McDonald
120 Woodside Road
Mastic Beach, LI, NY 11951
516-399-6010

Victor Palese
171 Blueberry Lane
Hicksville, LI NY 11801
516 681-0958

Salvadore Rozza
15 Crescent Street
Selden, LI, NY 11784
516-864-2117

Joseph M. Wlcek
3661 Lark Street
Levittown, LI, NY 11756
516 796-2246

Charles E. Morrell
98 Valley Drive
Sound Beach, LI NY 11789
516-821-0593

Kevin Marsh
257 Tyler Avenue
Miller Place, LI NY 11764
516 821-9018

Anthony Napoli
5 Valmont Lane
Commack LI NY 11725
516 543-2049

Harry S. Olsen
16A Baker Street
West Babylon, LI NY 11704
516 661-3578

Louis F. Scarnato
690 Newbridge Avenue
East Meadow, LI NY 11554
516 481 7454

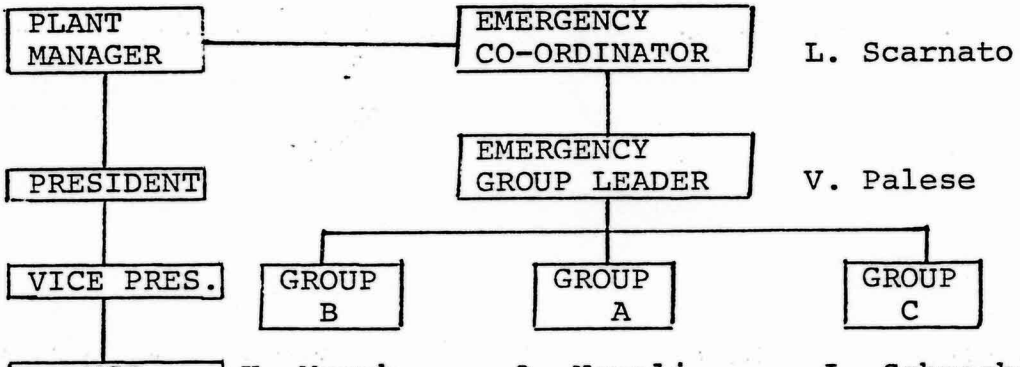
PLANT SECURITY

Gustaf Alm
58 East 17 Street
Huntington LI NY 11746
516 HA 7-9244

Carmen J. Fischetto
2296 Spruce Street
Seaford, LI NY 11783
516 781-9394

Charles Syfferd
160 Bond Street
Westbury, LI, NY 11590
516 334-4447

CALL PRIORITIES



PLANT AND GROUNDS SECURITY

Gustaf Alm Carmen J. Fischetto Charles Syfferd

H2M LABORATORY
ENVIRONMENTAL and INDUSTRIAL ANALYTICAL SERVICES

October 24, 1983

John Hassall, Inc.
Cantiague Road
Westbury, New York 11590

Attn: Vic Polisi

Re: Analytical Methodology

Gentlemen:

As per your request we are providing you with a list of the methods used by our laboratory to analyze your waste water discharge. The methods are described in two sources:

1) Standard Methods for the Examination of Water and Waste Water, 14th ed.

2) Methods for Chemical Analysis of Water and Wastes, EPA, 1979

Presently we are analyzing the following parameter in your waste water (the method number and appropriate reference are shown to the left of the parameter):

Reference	Method	Parameter
(2)	202.1	Aluminum
(1)	307B	Hexavalent Chromium
(2)	218.1	Total Chromium
(1)	602	Chloride
(2)	220.1	Copper
(2)	236.1	Iron
(2)	272.1	Silver
(1)	428	Sulfide
(1)	414B	Fluoride
(1)	508	Chemical Oxygen Demand
(1)	418 A&D	Ammonia Nitrogen
(1)	208B	Total Dissolved Solids
(1)	502A	Oil and Grease
(1)	424	pH

If you need any additional information, please contact me at this office.

Very truly yours,

H2M Laboratory

Richard B. Lambert
Chemist

RBL/slb

WASTE ANALYSIS PLAN

The constituents of all hazardous waste generated by John Hassall, Inc.; be it waste water or sludge resulting from treatment to this water, or oily waste, which is contained in drums (for off site disposal) remains the same although quantities of these known substances will differ.

Samples are taken on a "grab" basis and are considered mast representatives of the materials in question. Thorough and continous mixing is achieved by the use of large paddle wheel flocculators within these treatment tanks. Samples are taken off side ports. This sample is then placed into properly labeled sample jars, which have been previously prepared by an Independent Laboratory (H2M) for forwarding to them for analysis. A test method sheet has been enclosed.

All raw waste water and sludges are currantly and routinly being sent for E.P. Toxicity analysis on a semi-annual basis.

Oily waste is currantly being analyzed on an annual basis.

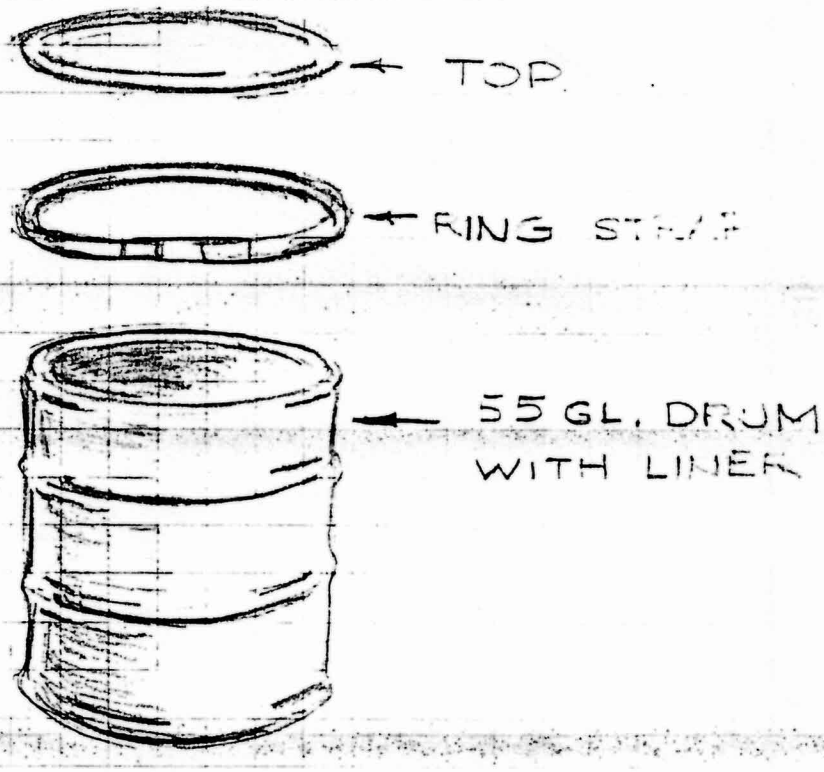
MONTH	DAILY INSPECTIONS																							
DATE																								
TIME																								
Exterior Piping and Valves Junction box-exposed pump motors																								
CO2 Tank and Piping Man Hole Covers Below Grade Holding Tanks																								
Waste Treatment Bldg. Tanks, Piping, Valves Chemical Feeders Equipment																								
Laboratory Automic Absorbtion Piping Bottles Safety																								
Chemical Storage Area Chemicals, Drums Materials																								
Solid Waste Storage Area Drums, Hi-Dri-Leak Containment Fire Extinguishers																								
INSPECTED BY																								

1983

JOHN HASSALL, INC — WEEKLY INSPECTION OF FIRE PROTECTION EQUIPMENT

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
CITY SIDE OF METER	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓		
PLANT " "	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓		
HYDRANT AND HOSE	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓		
WATER PRESSURE	102 102 105 103	104 104 112 101	103 106 109 105	102 114 107		
SPRINKLER ALARM	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓		
FIRE DOORS	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓		
ELECTRICAL EQUIP	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓		
FIRE EXTINGUISHERS	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓		
HOUSEKEEPING	G G G G	G G G G	G G G G	G G G		
REMARKS	FIRE EXTINGUISHERS Recharge 12/82					

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
CITY SIDE OF METER						
PLANT " "						
HYDRANT AND HOSE						
WATER PRESSURE						
SPRINKLER ALARM						
FIRE DOORS						
FIRE EXTINGUISHER						
ELECTRICAL EQUIP						
HOUSEKEEPING						


TOP
RING STAND
55 GL. DRUM
WITH LINER